Child Helpline International (CHI) is the global network of child helplines in 136 countries (as of August 2012), which together receive over 14 million contacts a year from children and young people in need of care and protection. CHI supports the creation and strengthening of national toll-free child helplines worldwide, and uses child helpline data and knowledge to highlight gaps in child protection systems and advocate for the rights of children.
The Global Network of Child Helplines: Membership as of August 2012

Full members* 119 members in 100 countries
Countries with child helplines that fulfil the CHI membership criteria.

- Albania
- Algeria
- Argentina (2)
- Andorra
- Armenia
- Austria
- Belgium
- Bosnia Herzegovina
- Botswana
- Brazil (2)
- Brunei
- Bulgaria
- Cambodia
- Canada
- Chile
- China
- Colombia
- Cote d’Ivoire
- Croatia
- Curacao
- Czech Republic
- Denmark
- Egypt
- Estonia
- Finland
- France
- Gabon
- Germany (2)
- Greece (2)
- Guinea Conacry
- Hong Kong, S.A.R.
- Hungary
- Iceland
- India
- Iran
- Ireland
- Israel
- Italy
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea, South (2)
- Latvia
- Lebanon (2)
- Lesotho
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mauritius
- Mexico (2)
- Mongolia
- Namibia
- Nepal
- Netherlands (3)
- Nigeria
- Norway
- Pakistan
- Palestine
- Paraguay
- Peru
- Philippines
- Poland (2)
- Portugal
- Qatar
- Romania
- Russia
- Saudi Arabia
- Senegal
- Serbia
- Singapore
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Switzerland
- Taiwan, P.O.C.
- Tajikistan
- Thailand
- Tonga
- Trinidad, Tobago
- U.S.A. (7)
- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe
- Afghanistan
- Antigua, Barbuda
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
- Bhutan
- Bolivia
- Bulgaria
- Cameroon
- Costa Rica
- Cote d’Ivoire
- Democratic Republic of Congo (DRC)
- Ecuador
- El Salvador
- Ethiopia
- Georgia
- Guatemala
- Haiti
- Iraq
- Israel
- Jamaica
- Lebanon (2)
- Libya
- Liechtenstein
- Madagascar
- Malta (2)
- Mauritania
- Mozambique
- Panama
- Peru
- Palestine
- Pakistan
- Norway
- Netherlands
- New Zealand
- Nigeria
- Norway
- Pakistan
- Palestine
- Paraguay
- Peru
- Philippines
- Poland (2)
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- Qatar
- Romania
- Russia
- Saudi Arabia
- Senegal
- Serbia
- Singapore
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Switzerland
- Taiwan, P.O.C.
- Tajikistan
- Thailand
- Tonga
- Trinidad, Tobago
- U.S.A. (7)
- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe
- Afghanistan
- Antigua, Barbuda
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
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- Bolivia
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- Thailand
- Tonga
- Trinidad, Tobago
- U.S.A. (7)
- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe

Associate members* 46 members in 62 countries
Countries that CHI is working closely with to start child helplines, and that fulfil the CHI associate membership criteria.

- Albania
- Algeria
- Argentina (2)
- Andorra
- Armenia
- Austria
- Belgium
- Bosnia Herzegovina
- Botswana
- Brazil (2)
- Brunei
- Bulgaria
- Cambodia
- Canada
- Chile
- China
- Colombia
- Cote d’Ivoire
- Croatia
- Curacao
- Czech Republic
- Denmark
- Egypt
- Estonia
- Finland
- France
- Gabon
- Germany (2)
- Greece (2)
- Guinea Conacry
- Hong Kong, S.A.R.
- Hungary
- Iceland
- India
- Iran
- Ireland
- Israel
- Italy
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea, South (2)
- Latvia
- Lebanon (2)
- Lesotho
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mauritius
- Mexico (2)
- Mongolia
- Namibia
- Nepal
- Netherlands (3)
- Nigeria
- Norway
- Pakistan
- Palestine
- Paraguay
- Peru
- Philippines
- Poland (2)
- Portugal
- Qatar
- Romania
- Russia
- Saudi Arabia
- Senegal
- Serbia
- Singapore
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Switzerland
- Taiwan, P.O.C.
- Tajikistan
- Thailand
- Tonga
- Trinidad, Tobago
- U.S.A. (7)
- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe
- Afghanistan
- Antigua, Barbuda
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
- Bhutan
- Bolivia
- Bulgaria
- Cameroon
- Costa Rica
- Cote d’Ivoire
- Democratic Republic of Congo (DRC)
- Ecuador
- El Salvador
- Ethiopia
- Georgia
- Guatemala
- Haiti
- Iraq
- Israel
- Jamaica
- Lebanon (2)
- Libya
- Liechtenstein
- Madagascar
- Malta (2)
- Mauritania
- Mozambique
- Panama
- Peru
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- Pakistan
- Norway
- Netherlands
- New Zealand
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- Pakistan
- Palestine
- Paraguay
- Peru
- Philippines
- Poland (2)
- Portugal
- Qatar
- Romania
- Russia
- Saudi Arabia
- Senegal
- Serbia
- Singapore
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Switzerland
- Taiwan, P.O.C.
- Tajikistan
- Thailand
- Tonga
- Trinidad, Tobago
- U.S.A. (7)
- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe
- Afghanistan
- Antigua, Barbuda
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
- Bhutan
- Bolivia
- Bulgaria
- Cameroon
- Costa Rica
- Cote d’Ivoire
- Democratic Republic of Congo (DRC)
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- Uganda
- United Arab Emirates Sharjah
- United Kingdom (4)
- Uruguay
- Vietnam
- Yemen
- Zimbabwe

*For full details of individual members, please visit www.childhelplineinternational.org

Disclaimers
CHI’s work is firmly grounded in the principles and values enshrined in the UN Convention on the Rights of the Child (UN CRC), including children’s right to privacy and protection from harm. To this end, all identifying details and information about individual children cited in this report have been removed or altered to protect them and ensure their privacy.

This report is based on the analysis of information received from child helplines in the CHI network, through CHI’s general data annexes to this publication. One hundred per cent. The exact figures can be found in the platforms. The percentages in the cells of tables and graphs in this publication have been rounded to a maximum of two significant figures and do not make use of decimal notation. As a result, the percentages of the individual (sub-) categories do not always add up to one hundred per cent. The exact figures can be found in the annexes to this publication.

To this end, all identifying details and information about individual children cited in this report have been removed or altered to protect them and ensure their privacy.

The percentages in the cells of tables and graphs in this publication have been rounded to a maximum of two significant figures and do not make use of decimal notation. As a result, the percentages of the individual (sub-) categories do not always add up to one hundred per cent. The exact figures can be found in the annexes to this publication.

CHI would like to thank its partners for their continued support and that of CHI associates. This publication has been produced by the Child Helpline International (CHI) Secretariat, The Netherlands. Any part of this publication may be reproduced or transmitted in any form with due acknowledgement to authors and publishers.

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COLOPHON

CD-ROM WITH RAW DATA
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Connecting to Children (2011 data) has been made possible through the efforts of countless individuals, staff, volunteers and donors throughout the CHI network. CHI would especially like to thank its member child helplines for their tireless efforts in assisting and protecting children, and for their commitment to the CHI network and the collection of the invaluable data presented here.

The following 101 member child helplines have submitted data for this report:

- 110 for Families and Children JRF (Jordan)
- 113 Protection Hotline (Taiwan, Province of China)
- 116 111 Helpline for Children and Youth (Poland)
- 116 111 Hanner- Jugendtelefon (Luxembourg)
- 123Alô! (Brazil)
- 147 Rat auf Draht (Austria)
- 199 Helpline (the Gambia)
- 2NDFLOOR Youth Helpline (USA)
- Acercatel (Mexico)
- Action for Children & ANPPCAN (Uganda)
- ALO 116 (Albania)
- Aman Helpline for Child and Woman (Qatar)
- Aparajeyo (Bangladesh)
- Arab Human Rights Foundation (Yemen)
- Awel (Belgium)
- Bantay Bata 163 (Philippines)
- Bel123 (Surinam)
- Beratung + Hilfe 147 (Switzerland)
- Borne telefonen (Denmark)
- Boys Town National Hotline (USA)
- BRIS (Sweden)
- California Youth Crisis Line (USA)
- Centre Ginddi (Senegal)
- Child and Youth Phone (Finland)
- Child Emergency Hotline (People’s Republic of China)
- Child Helpline 1412 (Maldives)
- Child Helpline 150 Union of Crisis Centres (Kazakhstan)
- Child Helpline 16000 (Egypt)
- Child Helpline Cambodia
- Child Helpline Lesotho
- Child Helpline Mauritius
- Child Helpline Service (Azerbaijan)
- Child Helpline Vietnam
- Childline (Trinidad & Tobago)
- Childline Botswana
- Childline India Foundation
- Childline Ireland ISPCC
- Childline Kenya
- Childline Malaysia
- Childline Montenegro
- Childline Support Centre NPO (Japan)
- Childline Thailand
- Childline Zimbabwe
- Corpolutin (Colombia)
- Covenant House Nineline (USA)
- CWIN Nepal
- CYTP (Latvia)
- De Kindertelefoon (the Netherlands)
- Don Bosco Lama Sarana (Sri Lanka)
- Fono Infancia (Chile)
- Fundacion Telefon pa Hubentud (Aruba)
- Get Connected (United Kingdom)
- HDI Child Helpline (Nigeria)
- Helpline 116 111 (Latvia)
- Helpline 141 (Brunei Darussalam)
- Helpline Connection 116 111 (Greece)
- Helpline.org.pl (Poland)
- Helpline 116 111 (Latvia)
- Hotline Against Child Abuse (Hong Kong, S.A.R.)
- Hrabri Telefon (Croatia)
- Kids Help Phone (Canada)
- Kids Helpline (Australia)
- Kinder- und Jugendtelefon (Germany)
- Lapsemure (Estonia)
- Lifeline/Childline Namibia
- Linea 102, city of Buenos Aires (Argentina)
- Linea 102, Province of Buenos Aires (Argentina)
- Linea Azul (Uruguay)
- Linha Fala Crianca (Mozambique)
- Madagasar Hel Help Line for Children and Women Suffering from Violence and Abuse (Pakistan)
- NADA (Algeria)
- NADEL (Serbia)
- Natal (Israel)
- National Child Abuse Hotline (USA)
- National Runaway Switchboard (USA)
- Positive Connection (St. Martin)
- Red Cross Helpline for Children and Youth (Norway)
- Russian Association for Child Helplines
- S.O.S. 1056 The Smile of the Child (Greece)
- Safernet (Brazil)
- Saudi Arabia child helpline
- Sawa Child Protection Helpline 121 (Palestine)
- Social Service Department Sharjah (UAE)
- SOS Cristiana (Portugal)
- SOS Enfant en Detresse (Cote d’Ivoire)
- SOS Helpline for Children and Youth (Macedonia)
- SPRC Sédaye Yara (Iran)
- Stop It Now! (USA)
- Telefôn pa Mucha i Hóben (Curaçao)
- Teléfono ANAR Mexico
- Teléfono ANAR Peru
- Teléfono ANAR Spain
- Telefonul Copilului (Romenia)
- Telephone vert AGUIAS (Guinée-Conakry)
- The Safety Line (Czech Republic)
- Tinkle Friend Helpline (Singapore)
- Tithandizane Child Helpline (Malawi)
- Udruzenje roditelja tesko bolesne djece u BiH (Bosnia and Herzegovina))
- Vaiku Linija (Lithuania)
- What’s Up (New Zealand)
- Youthline (New Zealand)
Introduction

Welcome to the 10th edition of *Connecting to Children*, Child Helpline International’s annual compilation of data from its member child helplines around the world.

*Connecting to Children* provides a comprehensive overview of the voices of children in need of assistance, care and protection. It documents their concerns and the issues they face, and highlights regional, cross-regional and global trends.

*Connecting to Children* also highlights the importance of child helplines in the lives of children, outlining the services child helplines offer, the different methods of communication used by children to contact child helplines, the profile of children contacting child helplines and, most importantly, the reasons why children (and adults on behalf of children) contact child helplines.

Children trust child helplines and voluntarily contact them to share their questions and to get help. No other child protection entity has access to such direct information on the problems and concerns of children. The data collated by Child Helpline International (CHI) in *Connecting to Children* is an unprecedented tool to influence key decision makers to take targeted action to improve the lives of children.
This edition of Connecting to Children looks at contacts made over the course of 2011 with 101 child helplines in Africa, the Americas and the Caribbean, Asia Pacific, Europe and the Middle East and North Africa (MENA). This publication is divided into two parts:

Part I consists of three printed chapters:

CHAPTER 1: CHILDREN’S VOICES, outlines the reasons why children contact child helplines - the problems, concerns and issues they face, worldwide and by region. It also presents a profile of the children who contact child helplines.

CHAPTER 2: A CLOSER LOOK AT CHILD HELPLINES, explains what child helplines are and outlines the different services they offer. This chapter also takes a closer look at the communication methods children use to contact child helplines, the accessibility of child helplines, and the child helplines’ toll-free statuses, staff compositions and years of existence.

CHAPTER 3: DUTCH ALLIANCES, takes a closer look at information collected from child helplines participating in programmes to strengthen child protection services in target countries, carried out via CHI’s Dutch alliance partnerships.

Part II can be found on the CD-ROM:

The CD which comes with this edition of Connecting to Children contains several excel files:
1. A file containing background tables;
2. Child helpline data;
3. A Power Pivot file;

1. Background tables
The background tables provide a comprehensive overview of the information that is presented in the main chapters of this edition of Connecting to Children. This includes, for example, information on the toll-free statuses of child helplines, the type of coverage they have, the numbers of ‘answered’ and ‘responded to’ calls, as well as number of contacts per communication method and children’s reasons for contacting child helplines. All information is provided per region and HDI level.

2. Child helpline data
These files contain the information and data for each of the 101 individual child helplines which submitted information for this publication. For the first time, CHI is providing this information and data in the original excel files. In this way, CHI hopes to increase transparency and encourage you to explore the information beyond the bounds of the Connecting to Children publication. CHI hopes that by making the data accessible to you in its raw format, you will find it all the more useful for the sake of your own analyses and research.
Executive summary

* Child helpline information is based on submissions by the child helplines themselves to CHI’s dataproforma programme.

If you use the results gained through this file for your own publication and / or research purposes please reference Child Helpline International (CHI) as your source.

3. Power Pivot files
The results used in this publication have been analysed using Power Pivot – a free add-on for Microsoft Excel 2010 version. All the data that was used by CHI to produce the results for this publication were entered into excel files which were then loaded into Power Pivot. These Power Pivot files were used to efficiently and professionally analyse the data.

If you would like to use the Power Pivot file included on the CD to facilitate your own analyses and research, please copy the Power Pivot file onto your own computer and open it in Excel 2010 (it will not work with earlier editions of the Office package). You may need to download the free add-on from the Microsoft website before you can use the file: www.Microsoft.com. For more information and manuals on the use of Power Pivot, please refer to www.Microsoft.com or the Microsoft Office site for your country.

If you use the results gained through this file for your own publication and / or research purposes please reference Child Helpline International (CHI) as your source.

A note on HDI and geographic regions:
In this report CHI segments information according to the Human Development Index (HDI) and regions. In both cases the classifications used are recognised standards:

**HDI Levels**
The Human Development Index (HDI) was developed by the United Nations Development Programme as a way to categorise countries beyond their GDP (gross domestic product) per capita. Countries are classified according to four standard HDI levels: low, medium, high or very high. For more information please refer to the UNDP website - www.undp.org.

**Geographic Regions**
For programmatic and thematic purposes, CHI works in five geographic regions, based on the UNICEF guidelines. The five regions are: Africa, the Americas and Caribbean, Asia Pacific, Europe and the Middle East and Northern Africa (MENA). For more information, visit the UNICEF website - www.unicef.org.
Chapter 1: Children’s Voices

Children all over the world contact child helplines\(^2\) to express their fears and worries and to share their thoughts and concerns. They do this voluntarily, because child helplines are free-of-costs, maintain confidentiality and provide much needed support and help to those who seek it. Children and young people trust child helplines and feel safe confiding in them. As a result, more than any other child protection service, child helplines are privy to direct information and insight into the lives of children, and especially their needs and problems.

Spanning over 136 nations worldwide and with 167 member child helplines in its network (as of August 2012), CHI has access to unparalleled information on the reasons why children seek help. In 2011 alone, CHI’s global network of child helplines received \textit{nearly 13.8 million} contacts from children seeking information, help and support (not including website posts and visits\(^3\)). The data collected by CHI from across its network on why children contact child helplines represents a powerful tool to inform the implementation of better strategies and policies for child protection.

\(^2\) For more information about child helplines and how they operate, please see Chapter 2 - A Closer Look at Child Helplines
\(^3\) Including website visits, CHI’s member child helplines received 22.4 million contacts in 2011.
I. CHILDREN’S VOICES - WORLDWIDE

PROFILE OF THE CHILDREN CONTACTING CHILD HELPLINES

Gender
The data collected from child helplines over the last ten years shows that most contacts are historically made by and/or on behalf of girls, usually in the age group of 13-15 years old. However, case studies collected from the child helplines in 2011 show that this trend appears to be changing. While in the Middle East and North Africa (MENA) girls are still the main gender group contacting child helplines, recent data shows that in Africa and Europe increasingly more boys are starting to contact child helplines. Overall, the gap between the proportion of contacts made by/on behalf of girls and boys is steadily narrowing.

Age
The plurality of contacts received by child helplines worldwide in 2011 concerned children between 13-15 years old, followed by 10-12 year olds and 16-17 year olds. However, as Figure 1 shows, there are some regional differences.

Adults and others
Overall, 3% of the contacts recorded by child helplines in 2011 (not counting website hits) were made by adults on behalf of children. Between the five regions and across HDI levels there are, however, some interesting differences. As Figure 2 shows, especially in Africa and the MENA region, child helplines are still contacted relatively often by adults on behalf of children, while in Europe the trend is below the global average. Child helplines report that different sociocultural and infrastructural factors may be impacting
these tendencies. The data also shows that lower HDI level nations have a relatively high proportion of contacts made by adults on behalf of children (figure 2). This may be due to both sociocultural norms, as well as differences in adults’ and children’s access to telecommunication tools, although more scrutiny is needed to draw any concrete conclusions.

The reasons why children contact child helplines

The reasons for contact

From searching for general information or just a friendly voice to talk to, to suffering from abuse and violence in school or at home, children and youth contact child helplines for a myriad of reasons. Table 1 below shows all of the general topics about which children (and others on behalf of children) contacted a child helpline in 2011, in order of incidence. For 8% of the contacts made in 2011 the exact reason why a child contacted the child helpline was not known, or the contact was too general to classify. For the sake of analysis, only those contacts for which the reason for contact was known are included.
Challenges in classifying reasons for contact

In fact, not all reasons for contacts are easily classified, and differences exist in how individual child helplines go about it. In many cases, for example, a child will initially contact a child helpline with what is known as a ‘test call’ – a call in which the child asks a purposely silly, fake or trivial question to get an idea of how the child helpline counsellor will react. These test calls are very important, as they are often the basis on which trust is fostered with the child, and every call, no matter how silly or rude, is therefore taken seriously. In some cases these calls are classified by child helplines as ‘unknown’ reason for contact, and other times they are classified under known categories, depending on the child helpline’s internal policy.

Similarly, children often contact a child helpline with an initial question, problem or issue which then turns out to be the catalyst or impetus for delving into much broader, complex matters. Thus, some contacts may touch upon two or more interrelated issues - such as family violence and resulting school problems as well as concerns about peer relationships, for example. Not all child helplines deal with this complexity in the same way: some child helplines record only one, overlying reason for contact per call, while others will check off multiple reasons for contact, based on the full conversation with the child. As a result, the number of ‘reasons for contact’ does not always correspond to the total number of contacts received by a given child helpline.

Nevertheless, the significant volume of data collated from all of the child helplines in the CHI network together does give a firm indication of the problems and needs of children and young people. In the following pages we take a more detailed look at the five categories child helplines were most contacted about in 2011.

In many cases a child will initially contact a child helpline with what is known as a ‘test call’ – a call in which the child asks a purposely silly, fake or trivial question to get an idea of how the child helpline counsellor will react.
THE TOP 5 KNOWN REASONS FOR CONTACT WORLDWIDE

Information requested (21%)
Children and young people are curious and want to know more about themselves and the environs in which they live. As in previous years, the leading reason for contact with child helplines in 2011 was general requests for information. As described above, experience shows that during conversations about such information requests there are often underlying deeper issues for which the caller has contacted the child helpline. The request for information is often also a test by the caller to gain confidence before speaking about the real issues and problems that are troubling them.

Abuse and violence (15%)
Over the past 10 years abuse and violence has consistently been one of the top reasons for contact with child helplines across all countries and regions in the world.

In 2011, physical abuse, bullying and sexual abuse were the most common types of abuse and violence reported to child helplines globally. Case studies shared by child helplines for this report (see pages 34-43) suggest that there is an increase in the number and severity of physical and sexual abuse cases reported to child helplines. Child helpline staff
noted that this increase may be due to the global economic crisis and the resulting job-losses, stress and hardships faced by families.

For all forms of abuse and violence - especially sexual abuse, cyber bullying and emotional abuse - girls contacted child helplines more than boys in 2011. There are some interesting regional differences, however (see figure 3).

The data further show that there is less of a gap between the percentage of contacts on abuse and violence made by girls and boys in the lower and medium HDI level countries than in the high and very high levels (see figure 4).

For more information on contacts to child helplines about abuse and violence please refer to CHI’s specialised publication, the Violence Against Children Report, available on the CHI website (www.childhelplineinternational.org).

Psychosocial and mental health (14%)
Psyhosocial and mental health issues remain one of the top reasons for contact with child helplines, counting nearly half-a-million contacts in 2011. Globally, ‘boredom’, ‘fear and anxiety’ and ‘suicide’ are consistently the main psychosocial and mental health matters about which children contact child helplines.

Overall, two-thirds of contacts in this category concerned girls, and one-third boys. For the sub-categories of self-harm, suicide and eating disorders however, the data shows a much higher contact rate for girls as compared to boys.
For contacts about depression, 70% concerned a girl. For boredom the ratio between the genders was more balanced (see figure 5).

---

**Figure 4 - Types of abuse and violence contacts across HDI levels, total and by gender**

<table>
<thead>
<tr>
<th>HDI LEVEL</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>17%</td>
<td>16%</td>
<td>7%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td>3%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>21%</td>
<td>36%</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td>13%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>21%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>9%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>6%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

| BULLYING | 53% | 54%    | 48%  | 60%       |
| CYBER BULLYING | No data submitted | 42% | 58%    | 71%       |
| DOMESTIC VIOLENCE | 56% | 55%    | 55%  | 76%       |
| EMOTIONAL ABUSE | 59% | 57%    | 83%  | 70%       |
| NEGLECT | 48% | 50%    | 69%  | 67%       |
| PHYSICAL ABUSE | 53% | 50%    | 73%  | 64%       |
| SEXUAL ABUSE | 66% | 79%    | 78%  | 80%       |
| WITNESS TO VIOLENCE | 46% | 51%    | 74%  | 69%       |
**Peer relationships (13%)**

Friendships can be challenging at all ages, and also for children as they develop, form world views and opinions, and find their way in life. Relationships with peers are not always smooth. The challenges of dealing with problems in peer interactions emerged as one of the top five reasons for contact with child helplines. Specific queries and concerns within this category ranged from innocent quarrels with friends to the reporting of potentially dangerous partner relations. Member child helplines reported that in many cases, children who initially contacted them with a concern about a friend or partner often later divulged other underlying issues, such as abuse or questions about sexuality.

**Sexuality (9%)**

Especially in communities where certain topics related to sexuality are considered shameful or taboo, having a safe and confidential place to ask questions and dispel potentially harmful falsehoods and superstitions can make a real difference in a child’s life. Globally, the majority of contacts to child helplines within this category were on ‘information about sexuality and the facts of life’, followed by ‘pregnancy’ and ‘masturbation’ related questions. In the lower to medium HDI level countries, however, the majority of contacts about sexuality dealt with the issue of sexually transmitted diseases - STDs (see figure 6). This goes hand-in-hand with data and accounts from child helplines in many such nations, and especially in the Africa region, about the lack of information and education on AIDS/HIV, and the relatively high incidence of sexual abuse as compared to other regions. (see page 17 for further explanation).

>> The data clearly highlights areas in which more needs to be done, especially taking into account the long-term effects not only on children themselves, but the health of societies as a whole. <<
Family relationships (9%)

Within this category, the majority of contacts with child helplines in 2011 were about ‘parent/child relationships’, followed by ‘divorced, separated parents or parents in conflict’ and ‘sibling relationships’. The stress and added worries for both parents and children brought about by the global financial crisis was apparent in many case studies about family relationship problems shared by child helplines for this publication (see pages 34-43). Interestingly, child helplines also noted a marked increase in parents calling for parental guidance throughout all regions in 2011.

Conclusion

The top five reasons for contact with child helplines have remained consistent over the past decade, indicating that the same problems children report are still unresolved. Children worldwide still face the same pains, troubles and worries. The data collected by CHI from its members across the globe clearly highlights the areas in which more needs to be done, especially taking into account the long-term effects not only on the children themselves, but the health of societies as a whole. The scars of abuse, neglect, family problems and more can carry over well into adulthood. CHI calls upon governments and civil society organisations to use the data presented here to better inform their child protection policies, and to shape effective psychosocial and mental health support for children and young people.

Figure 6 - Types of sexuality contacts across HDI levels and globally, total and by gender
II. CHILDREN’S VOICES – REGIONAL

While the previous section gave an overview of the reasons for contact with child helplines worldwide, this next segment zooms into the regional levels. Doing so allows us to highlight a number of regional trends, in addition to the global ones, and offers more insights into the issues and problems children face in the different regions.

» In Africa girls did tend to use child helpline outreach and walk-in services strikingly more often than boys did. This finding highlights how crucial these services are to accessing girls and young women in the Africa region. «
AFRICA

Africa is the world’s second largest and second most populous continent. The latest UN statistics show that in 2009 the Africa region counted over 400 million children (under the age of 18). Diverse as it is, Africa is also a relatively young continent with half or more of the populations of a number of African nations well under 25 years of age. Africa can be roughly divided into five geographic sub-regions: Northern (part of the Middle East and North Africa region in this analysis), Western, Central, Eastern and Southern Africa, each with its own unique history and cultural and linguistic characteristics. At the same time, there are some discernible trends when comparing the reasons for contacting child helplines in Africa to other regions and to the world as a whole.

Overall, contacts to the 15 child helplines in the Africa region which submitted data for this report tended to deal with somewhat older children than the global average. For those contacts for which the gender of the child concerned was known, the plurality of contacts dealt with girls between the ages of 16-17, followed by boys aged 16-17, boys aged 13-15 and girls between the ages of 13-15. On the whole, however; including contacts for which the gender of the concerned child was not known, the plurality of contacts to African child helplines related to young people aged 18-25.

In 2011 the preferred method of communication for both boys and girls in Africa was telephone, but girls did tend to use child helpline outreach and walk-in services strikingly more often than boys did. This finding highlights how crucial these services are to accessing girls and young women in the Africa region.
Excluding requests for information, the top four categories about which child helplines in Africa were contacted were abuse and violence, sexuality, HIV/AIDS and legal matters.

**Abuse and violence (12%)**
Physical abuse, sexual abuse and neglect were the most common types of abuse and violence about which child helplines in Africa were contacted. A noteworthy trend reported by child helplines in the Africa region is a rise over the years in cases of neglect and child abandonment, as well as contacts about child labour. Child helplines report that natural calamities such as droughts and food shortages, as well as man-made conflicts and the financial crisis, all play a role in these figures. Child helplines are often alerted by other children, family or institutions about cases of neglect, abandonment and child labour.

» **TRENDS /// AFRICA /// CHILD LABOUR** » “AN EMERGING TREND IN GAMBIA IS THE TRAFFICKING OF CHILD LABOUR. THROUGH COLLABORATION WITH THE IMMIGRATION CHILD WELFARE UNIT, THE CHILD HELPLINE PROVIDES TRAFFICKED CHILDREN WITH SHELTER WHILE SEARCHING FOR THEIR FAMILIES.” - Gambia

“THE DROUGHT AND FAMINE THAT HIT THE EAST AFRICA REGION LAST YEAR APPEARS TO HAVE LED TO HIGH LEVELS OF CHILD LABOUR AND PARENTS NEGLIGING OR ABandonING THEIR CHILDREN.” - Kenya

![Figure 7 - Types of abuse and violence and HIV/AIDS contacts - Africa vs Globally](chart)
It is also worth noting the relatively high rates of sexual abuse being reported to child helplines in the Africa region as compared to the rest of the world, and as outlined in the next section and in figure 7.

Sexuality (11%) & HIV/AIDS (7%)
Compared to the global trend of just 1%, the proportion of contacts to child helplines in Africa about HIV/AIDS is high (7% of all contacts). Case studies submitted by child helplines in the region show that a significant contributing factor to this high number is the misinformation, and in some cases complete lack of information, on HIV/AIDS in many African nations. That children are contacting child helplines to find answers and to arm themselves with facts is encouraging and highlights the importance of child helplines in filling in gaps in national child protection systems. In addition, child helplines point out that children subject to sexual abuse in Africa are also at high risk of contracting HIV/AIDS. As a result, child helplines in the region often find that they need to provide victims not only with counselling for the physical and mental trauma that comes with sexual abuse, but also counselling about HIV/AIDS infection. In this light, the relatively high percentage of contacts on sexual abuse in the region is also worrisome and should be addressed (figure 7).

Legal matters (7%)
Almost 7% of the contacts with child helplines in the Africa region were from children seeking legal assistance or advice, compared to an average of just 2% universally. One possible reason child helpline staff cite for this high ratio of contacts on legal matters is the culture of impunity for crimes committed against children which still exists in several regions of Africa. In many African nations, child helplines find themselves still filling the void of inadequate or inaccessible judiciary recourses for children. Many child helplines in Africa thus have legal departments or advisors, in addition to the counselling and other services they provide. Especially our member child helplines in Kenya, Zimbabwe and Mozambique receive many requests for legal support. As case studies from child helplines show, access to proper legal support, in conjunction with personal counselling, goes a long way toward helping children and their families heal the wounds of abuses and violations against them (see page 34-35).
THE AMERICAS AND CARIBBEAN

The Americas and Caribbean region consists of North America, South America, Central America and the Caribbean. The different areas each have their own unique history, cultural heritage and socio-economic and political makeup. Despite these sociocultural differences, there are still a number of important trends which apply to the Americas and Caribbean region as a whole.

The plurality of the contacts with the 23 child helplines in the Americas and Caribbean region which submitted data for this report were about children and young people in the age group of 18-25 years old, and predominantly girls. 13-15 year-olds made up only 18% of all contacts, compared to a 31% global share. Overall, there was a higher age trend in the Americas and Caribbean than in the world as a whole. The gender gap was also greater in the Americas and the Caribbean: 69% of all contacts for which the gender of the child concerned was known involved girls and 31% boys, compared to 59% girls and 41% boys worldwide.

The vast majority of contacts in the Americas and the Caribbean were made via telephone. Contacts were also made via email and outreach activities undertaken by child helplines. The large number of visits to child helplines’ websites and messages posted on their online bulletin boards indicates that the internet is also a tool increasingly used by children in the region to access child helplines.

Children in the region contacted child helplines mostly on issues regarding abuse and violence, psychosocial and mental health matters, family relationships and peer relationships. General requests for information were far less prevalent in the Americas and the Caribbean than elsewhere.
Abuse and violence (32%)

Violence against children remains the most common reason for contact in the Americas and Caribbean region, with 32% of all contacts relating to this topic, compared to 15% globally. Across the region, the most reported on types of violence and abuse were bullying and neglect, followed by physical and sexual abuse (figure 8).

Child helplines in the region note that there has been a large increase in contacts about bullying, including contacts about suicide attempts as a result of severe bullying. Many children relate feeling helpless and socially isolated as a result of bullying. Similarly, case studies show that bullying often overshadows many other facets of children’s lives, including academic performance, family relationships and peer relationships (see page 36-37). Child helplines further report that new forms of bullying have emerged with the use of internet and social media, and that older forms of abuse have expanded to online bullying.

Child helplines in the Americas and Caribbean also report an increase in child abuse and neglect, and an increase in the severity of these cases. Cases of neglect made up 23% of the contacts about abuse and violence in the Americas and Caribbean region in 2011, compared to 12% globally. As in other regions, child helpline counsellors convey that the continued impact of widespread economic downturn has been one of the main catalysts for this rise in neglect. In many cases children are left unattended for extended periods of time by parents needing to work longer hours, or resources are scarce in the home and parents are simply not able to properly feed, clothe and otherwise provide for their children. In addition, some adults take the stress and

Figure 8 - Types of abuse and violence contacts - The Americas & Caribbean vs Globally

---

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**Figure 8 - Types of abuse and violence contacts - The Americas & Caribbean vs Globally**

<table>
<thead>
<tr>
<th>Type of Abuse/Violence</th>
<th>Americas &amp; Caribbean</th>
<th>% of All Contacts</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>23%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Cyber Bullying</td>
<td>1%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>4%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>23%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>21%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>15%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Witness to Violence</td>
<td>1%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>% of All Contacts</td>
<td>32%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>
frustration brought on by hardship out on their children, leading to cases of abuse and neglect.

Child helplines in the region also report that there was an increase in contacts from parents who felt that the child welfare/protection system had failed their child, and from children seeking assistance in managing unresponsive or obtuse child protection systems. Child helpline staff, in their work with referral partners on behalf of children, also noticed an increase in problems with child protection systems in their countries.

» TRENDS /// AMERICAS & CARIBBEAN /// SYSTEM FAILURE »
“WE HAVE NOTICED POOR RESPONSE TIME IN SOME CASES BY THE POLICE AND SOCIAL WORKERS TO CHILDREN AT RISK.” - Trinidad
“THERE IS A NOTABLE INCREASE IN CALLERS SEEKING INPUT ON WHERE TO GO NEXT WHEN THEY FEEL THE CHILD WELFARE SYSTEM HAS FAILED THEIR CHILD.” - USA

Psychosocial and mental health (16%)
Overall, the incidence of contacts about psychosocial and mental health problems in the Americas and the Caribbean was similar to that in the world as a whole. Within this category, however, a few notable trends jump out. While boredom and ‘fear and anxiety’ were the top two psychosocial and mental health related problems about which child helplines were contacted on the global level, in the Americas and the Caribbean the plurality of contacts were about suicide and depression (figure 9). This is true also for many higher HDI level countries in the region where, despite the relatively good standards of living, child helplines in fact noted an increase in contacts about both self-harm and suicidal tendencies.

» TRENDS /// AMERICAS & CARIBBEAN /// SUICIDE AND SELF-HARM »
“IN 2011 WE HAD CALLS ABOUT SUICIDE. WE NEVER RECEIVED ANY CALLS LIKE THESE BEFORE. ADULT SUICIDE CASES ARE NOT FREQUENTLY PUBLICISED IN OUR COUNTRY. CHILD SUICIDE IS NEW AT THE CHILD HELPLINE.” - Curacao
“We continue to see each year an increase in children who say they...”

Figure 9 - Types of psychosocial and mental health contacts - the Americas & Caribbean vs Globally

<table>
<thead>
<tr>
<th>Category</th>
<th>% The Americas &amp; Caribbean</th>
<th>% World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body/Physical Appearance</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>Boredom</td>
<td>7%</td>
<td>19%</td>
</tr>
<tr>
<td>Depression</td>
<td>24%</td>
<td>9%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Fear and Anxiety</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>Identity and Purpose of Life</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Lack of Confidence</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Phobias and Obsessions</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Suicide</td>
<td>29%</td>
<td>12%</td>
</tr>
</tbody>
</table>
USE SELF-INJURY AS A WAY TO COPE WITH THEIR ISSUES. FOR EXAMPLE, SELF-INJURY MAY NOT BE THE PRESENTING PROBLEM, DEPRESSION MAY BE, BUT CUTTING IS ONE OF THE METHODS USED TO DEAL WITH SITUATIONS.” - USA

Family relationships (12%) and Peer relationships (12%)
The relative incidence of contacts about family and peer relationships in the Americas and the Caribbean resembled that of the global ratios. Notable differences were the relatively lower incidence of contacts about divorce in the Americas and the Caribbean region, and the relatively higher incidence of contacts about parent-child relations. In general, child helplines in the region have noted an increase in contacts on problems between adolescents and difficulties in their relationships with their parents. Contacts about child custody issues were also relatively prevalent in the Americas and the Caribbean (10% of contacts about family matters), as compared to the global trend (6%).

>> TRENDS /// AMERICAS & CARIBBEAN /// PARENTAL SUPPORT
>> “THERE HAS BEEN AN INCREASE IN THE NUMBER OF ADULTS ASKING FOR HELP CONCERNING THEIR CHILDREN. WE GAVE MANY LECTURES TO TEACHERS AND PARENTS ABOUT THE PROBLEMS YOUTH ENCOUNTER.” - Aruba
>> “WE HAVE SEEN AN INCREASE IN MOTHERS CALLING FOR ADVICE ON HOW TO APPROACH THEIR TEENAGE CHILDREN.” - Chile

>> In general, child helplines in the region have noted an increase in contacts on problems between adolescents and difficulties in their relationships with their parents. <<
ASIA PACIFIC

Asia Pacific is one of the most diverse regions in the world, with countries ranging from some of the world’s poorest to some of the world’s richest. The data received from 21 member child helplines operating in Asia Pacific for this report reflects the complexity of the region, while also reinforcing the trends demonstrated by other regions in the world.

The plurality of the contacts in the Asia Pacific region concerned children aged 13-15, followed by 16-17 year olds and 10-12 year olds. Although contacts in Asia Pacific overall did deal more with girls (in line with the global trend), contacts involving children aged 13 and over actually involved slightly more boys (Figure 10). This goes hand in hand with other trends in the data for Asia Pacific, which shows that in many areas the gap between the relative number of girls and boys involved in contacts to the child helplines was smaller, with less of a predominance of girls. Some of these instances are further explored below.

The majority of contacts to child helplines in Asia Pacific came via telephone, followed by website visits and SMS/mobile phone texting. Child helplines in countries such as Australia and New Zealand report that the use of mobile phones as a preferred method of communication by children is on the rise.

>> TRENDS /// ASIA PACIFIC /// MOBILE PHONES >> “IN RECENT YEARS WE ARE SEEING A RE-EMERGENCE OF THE USE OF PHONES. THIS HAS OCCURRED THROUGH THE USE OF MOBILE PHONES, HOWEVER, RATHER THAN THROUGH LANDLINES AND IS LEADING TO THE HYPOTHESIS THAT IT IS NOT THAT YOUNG PEOPLE PREFER TO TEXT THEIR PROBLEMS, BUT THAT THEY NEED PRIVACY TO DISCLOSE THEIR EMOTIONS. WHEN LANDLINES WERE THE
Children’s Voices

PREDOMINANT MEDIA AVAILABLE, PRIVACY WAS LIMITED. MORE PCS BEING PLACED IN STUDENTS’ BEDROOMS LED TO THE SHIFT OF DISCLOSURE THROUGH ONLINE/TEXT MEDIA IN THE MID-LATE 2000s. AND NOW OVER THE PAST TWO YEARS WITH THE HIGH RATE OF MOBILE PHONE USAGE, DISCLOSURES OF SUICIDAL THINKING HAVE REVERTED TO PHONES—BUT ONLY MOBILE PHONES WHICH CAN OSTENSIBLY BE USED IN PRIVATE.” - Australia >> “THROUGOUT 2011 WE HAVE CONTINUED TO EXPERIENCE HIGH NUMBERS OF YOUNG PEOPLE PREFERING TO CONTACT US VIA THE MEDIUM OF TEXT MESSAGING.” - New Zealand >>

Excluding general requests for information (37%), the main categories about which child helplines in Asia Pacific were contacted were psychosocial and mental health matters, abuse and violence and school issues.

**Psychosocial and mental health (13%)**
The proportion of contacts about psychosocial and mental health matters in Asia Pacific (13%) was very similar to the global average (14%). Also similar to the global trend, the top psychosocial and mental health related contacts in Asia Pacific were about fear and anxiety, boredom, suicide and depression. Interestingly, while globally two thirds of all contacts about psychosocial and mental health related to girls and just one third to boys, in Asia Pacific the ratio was much closer to half and half (54% girls and 46% boys, for contacts for which the gender of the child concerned was known).

Member child helplines in areas such as New Zealand and Japan reported that many of the contacts about fear and anxiety, as well as many of the cases of depression, were still related in 2011 to the traumas and problems brought on by the large-scale natural disasters there, including the earthquake in New Zealand and the tsunami in Japan (see page 38-39 for case studies).

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**Figure 10 - Age and Gender of child concerned - Asia Pacific vs World**

<table>
<thead>
<tr>
<th>AGE OF CHILD CONCERNED</th>
<th>0 - 6</th>
<th>7 - 9</th>
<th>10 - 12</th>
<th>13 - 15</th>
<th>16 - 17</th>
<th>18 - 25</th>
<th>25+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASIA PACIFIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIRLS</td>
<td>53%</td>
<td>47%</td>
<td>54%</td>
<td>46%</td>
<td>53%</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>BOYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORLD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIRLS</td>
<td>52%</td>
<td>48%</td>
<td>55%</td>
<td>45%</td>
<td>58%</td>
<td>42%</td>
<td>53%</td>
</tr>
<tr>
<td>BOYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASIA PACIFIC % OF TOTAL</strong></td>
<td>4%</td>
<td>7%</td>
<td>19%</td>
<td>26%</td>
<td>23%</td>
<td>19%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>WORLD % OF TOTAL</strong></td>
<td>2%</td>
<td>7%</td>
<td>20%</td>
<td>31%</td>
<td>16%</td>
<td>17%</td>
<td>7%</td>
</tr>
</tbody>
</table>
A number of child helplines have begun to notice an apparent rise in cyber bullying as children become more and more avid internet users. 

**Abuse and violence (9%)**

Compared to the global reporting rates on abuse and violence (15%), the level of reporting on abuse and violence in Asia Pacific is not so high. In fact, at 9% of all contacts with known reasons, the proportion of abuse and violence cases in Asia Pacific was the lowest of all the regions in this report. The main forms of abuse dealt with were cyber bullying, physical abuse, bullying and sexual abuse (see page 38-39 for case studies).

A number of child helplines in the region have begun to notice an apparent rise in cyber bullying as children become more and more avid internet users, as shown in the trends above and the case study on page 38.

**School related (9%)**

Within this category, most of the contacts received by child helplines in the Asia Pacific region in 2011 were about academic performance, dropouts, teacher problems and performance anxiety. Especially the proportion of school related cases dealing with children thinking about or having dropped out of school was particularly high compared to the global average (22% compared to 16%). Child helplines in the region related that children who were in touch with them often suffered from performance anxiety stemming from the high expectation of academic achievement they perceived from their parents. The difficulty to talk to their parents about this caused many children to think of dropping out of school altogether.
While Europe is generally considered to be relatively well-off, a number of European nations, especially in the Balkan and Mediterranean region and some Baltic states, have significant unemployment and poverty rates. These have been greatly exacerbated in recent years by the economic crisis in the region. Child helplines in these countries report that unlike previous years, contacts they have had with children in 2011 were often related in some way to the crisis. The box on the next page tells a bit more about this phenomenon in Europe.

Contacts to the 34 European child helplines which submitted data for this report predominantly dealt with girls between the ages of 13-15 and girls between the ages of 10-12, followed by 13-15 year-old boys and 10-12 year old boys. Significantly less older children and young people contacted child helplines in Europe in 2011 than the world trend.

Most contacts were made via telephone, although a definite surge in the use of online media such as child helpline websites, chat rooms, online bulletin boards and email can be seen in the European data and case studies in recent years. European children are also increasingly using SMS/mobile phone text messages to access child helplines.

In Europe, the top reasons for contact in 2011 were peer relationships, psychosocial and mental health issues, sexuality and abuse and violence.
Impact of economic crisis on European children

Though the full extent of the impact of global financial difficulties on children is only gradually becoming apparent, many child helplines in Europe in particular this year explicitly reported a noticeable increase in contacts related directly or indirectly to the economic strains. Mostly, the crisis has brought about a feeling of uncertainty in many families, with loss of employment, reductions in income and even loss of homes. In many cases parents have had to migrate to find work, leaving their children behind.

>> TRENDS /// EUROPE /// ECONOMIC CRISIS IMPACT >>
“AN EMERGING TREND IN OUR CHILD HELPLINE IS SIGNIFICANT INCREASE OF CHILDREN WHO ASK FOR FOOD AND HEALTH CARE. IT IS A VISIBLE SIGN OF DEEP ECONOMIC CRISIS IN OUR SOCIETY” - Bosnia 
“THERE HAS BEEN A SIGNIFICANT INCREASE OF CALLS FOR BULLYING AND ABUSE. WE THINK THIS TREND IS A DIRECT IMPLICATION OF THE SOCIOECONOMIC CRISIS IN GREECE WHICH HAS PUT A LOT OF PRESSURE ON BOTH PARENTS AND CHILDREN AND HAS INCREASED THE INCIDENTS OF VIOLENCE EITHER IN SCHOOLS OR IN THE FAMILY” - Greece 
“THERE HAS BEEN A SIGNIFICANT INCREASE IN THE NUMBER OF CHILDREN CONTACTING BOTH OUR PHONE AND ONLINE SERVICES IN 2011 TO TALK ABOUT FAMILY RELATIONSHIPS. THIS IS A FIGURE THAT HAS STEADILY BEEN INCREASING OVER THE LAST FEW YEARS AND IT REFLECTS THE STRAIN THAT IRISH FAMILIES ARE CURRENTLY EXPERIENCING DUE TO THE DOWNTURN IN THE IRISH ECONOMY” - Ireland 
“ONE OF THE MAJOR TRENDS INCREASING DURING THE LAST YEARS IS THAT MORE AND MORE ADULTS LEAVE LATVIA TO SEEK JOB IN THE WESTERN EUROPE, IN THE UK, IRELAND, GERMANY. THEIR CHILDREN ARE LEFT WITH GRANDPARENTS OR EVEN NEIGHBOURS. THESE ARE HARD TIMES FOR CHILDREN. SOMETIMES THE PARENTS RETURN, BUT EVERY SO OFTEN THE CHILDREN HAVE TO FOLLOW THEIR PARENTS” - Latvia 
“THERE HAS BEEN A NOTABLE INCREASE IN CONTACTS REGARDING HOUSING AND HOMELESSNESS” - United Kingdom

Peer relationships (20%)
Children in Europe contacted child helplines more than the global average about problems and issues with their peers. Case studies and reports from child helplines in the region show that children contacted child helplines about anything from minor quarrels and disputes with friends to difficult and abusive relationships with peers they were dating or romantically involved with (see page 40).

Psychosocial and mental health (16%)
Data from the European region reaffirms that also in more developed countries children have very similar psychosocial and mental health concerns to their peers worldwide. In particular, child helplines in Europe fielded many contacts about boredom, fear and anxiety and body image. Case studies and reports from child helplines in the region highlight the phenomenon of boredom, particularly amongst single-child families in which both parents work long hours and have little time for them, and children without an extended family structure nearby for extra support and care. Case studies from child helplines show that these children spend many hours alone, with no one to talk to about their worries, fears and anxieties, and that for many their interactions with a child helpline helped safeguard them from worse psychosocial problems such as self-harm and suicide (see page 40-41).

>> TRENDS /// EUROPE /// PSYCHOSOCIAL AND MENTAL HEALTH >>
“WE HAVE SEEN A GROWING NUMBER OF CALLS RELATED TO PERSONAL ISSUES LIKE SUICIDAL TENDENCIES, SELF-HARM, SELF-DISSATISFACTION, FEARS, ANXIETY.” - Czech Republic
“WE’VE NOTICED THAT THERE IS A PROPORTIONAL AUGMENTATION OF CASES OF PSYCHOSOCIAL AND MENTAL HEALTH AND BULLYING. MORE AND MORE CHILDREN NEED HELP IN THE MATTERS OF SUICIDE, MENTAL STRESS AND PSYCHOLOGICAL FORCES AT SCHOOL AND THE WORKPLACE.” - Switzerland

The data and case studies from the European child helplines reinforces data collated by CHI from the world’s top nine HDI level countries in 2010, which shows that children in these countries deal relatively a lot with boredom and loneliness, and also have a relatively high level of suicidal tendencies and urges to harm themselves. This despite the greater access to knowledge, better nutrition and healthcare, secure livelihoods, social and cultural freedom and safety that higher HDI level countries tend to have available. The full briefing paper on this topic can be found on CHI’s website: www.childhelplineinternational.org.

“Children in high HDI countries suffer from boredom, higher suicidal tendencies and the urge to harm themselves” – Child Helpline International Briefing Paper 1/2011.
Sexuality (15%) Relatively speaking, child helplines in Europe fielded the most requests for information about sexuality out of all of the five regions (figure 11). This goes hand in hand with the finding that high and very high HDI level countries tended to see relatively more requests for information about sexuality than low and medium HDI level nations, where the incidence of contacts about sexually transmitted diseases (STDs) was noticeably higher (figure 11).

More boys in Europe contacted child helplines regarding sexual fantasies, masturbation and sexual identity, while girls in Europe contacted child helplines more about contraception, pregnancy and STDs. Both boys and girls contacted child helplines in Europe with general requests for information about sexuality, including questions about first sexual encounters, peer pressure about sex and other such topics (see page 41 for case studies).

Child helpline counsellors and staff note that contacts about sexuality often start out as test calls, with children gauging the counsellor’s openness and seriousness before broaching the topic of sexuality about which they really seek information. Similarly, many children reported that they get most of their information about sexuality from peers and from the internet, and many adolescents were afraid they would be criticised for thinking and talking about sex. The safe and confidential nature of the child helplines proved for many to be an important means of accessing information about this otherwise still sensitive and sometimes taboo topic.

Figure 11 - Types of sexuality contacts across HDI levels and globally, total and by gender

![Figure 11](image-url)
Abuse and violence (14%)

Unlike the global trend, in which abuse and violence was the most prevalent topic about which children called after general requests for information, in the European region it was only the fourth most common reason for children to contact a child helpline. Nevertheless, in sheer numbers, abuse and violence is still a very serious problem in Europe, with child helplines reporting increases in the number of cases of abuse and violence reported to them in recent years.

Most of the contacts about abuse and violence in Europe in 2011 were on bullying, physical violence and sexual violence, followed by neglect. As in the Americas and the Caribbean region, European child helplines also report that children who suffer from abuse and violence, be it at school, in the home or elsewhere, often also experience a drop in school performance and attendance and broader problems with family and peers. Child victims of abuse and violence almost always have to cope with a myriad of psychosocial and mental health problems, including depression, fear and anxiety, decreased confidence and self-harm and suicidal thoughts (see pages 40-41).

Cyber bullying via social media sites, on bulletin boards and via email, and cases of harassment and stalking via SMS/mobile phone text messaging, are also increasingly common in Europe. These electronic forms of bullying usually involve the very public and mass posting of embarrassing or hurtful content, including images, videos or texts. The prevalence of mobile phones and internet access amongst European children and adolescents means that bullying today often does not end at the classroom door or the playground gate; in-person bullying is often extended to online social media and mobile phones, taking on a very graphic and permanent form and invading every space of the victims’ lives at all times of the day and night. The tremendous strain and the isolation this causes can be overbearing for many young people, leading to serious psychosocial and mental health problems (see page 40).

>> TRENDS /// EUROPE /// CYBER-BULLYING & INTERNET SAFETY >> “WE HAVE A GROWING NUMBER OF CALLS RELATED TO ‘SAFE INTERNET’ ISSUES.” - Czech Republic >> “WE HAVE CATEGORIES FOR INTERNET ISSUES, INTERNET RELATIONSHIPS AND HARMFUL CONTENT AND IMAGES VIEWED ONLINE.” - Ireland >> “SINCE JULY OF THIS YEAR OUR CHILD HELPLINE STARTED WORK AS A HELPLINE FOR INTERNET SAFETY ISSUES, INCLUDING GROOMING, CYBER BULLYING, INAPPROPRIATE CONTENT AND PERSONAL DATA ISSUES.” - Lithuania >> “AN EMERGING TREND IS THAT WE HAVE BEEN OBSERVING AN INCREASE OF GENERAL QUESTIONS RELATED TO SAFETY ON THE INTERNET. CHILDREN HAVE BEEN CONTACTING US MORE IN ORDER TO GET ADVICE BEFORE THEY GET INVOLVED IN RISKY ACTIONS. WE ALSO SAW AN INCREASE IN REPORTS ABOUT ONLINE SAFETY PROBLEMS.” - Poland >>
MIDDLE EAST AND NORTH AFRICA (MENA)

The Middle East and North Africa (MENA) region is characterised by large differences in income and economic development, although a number of social indicators are quite similar throughout the region. Many of the countries in the MENA area have quite young populations, often with over half of the population below 18 years of age.

Much of the area has also been in turmoil and transition in recent years. The dust of the Arab spring has not yet settled in some MENA countries, and violence and upheaval are ongoing in others. Child protection services throughout the region have been affected – from power outages to military curfews; from the loss of staff members to shifts in the kinds and intensities of help children need; and from the collapse of child protection systems and referral partner capacities, child helplines in MENA have had a lot to contend with.

Contacts to the eight child helplines in the MENA region which submitted data for this report concerned children of all ages, with slightly more contacts about 13-15 year olds, followed closely by 16-17 year olds and 10-12 year olds. As noted earlier, the MENA region is typified by a relatively high proportion of contacts made by adults on behalf of children (see figure 2 on page 7), and this may explain some of the figures and trends seen in the reasons for contact presented in the next sections.
The overwhelming means of contact in the MENA region in 2011 was the telephone, with some walk-ins to child helpline centres and some outreach work as well. Visits to MENA child helpline websites are also starting to become a bit more popular.

Aside from general requests for information, the most prevalent topics for contact in the MENA region were abuse and violence, family relationships, psychosocial and mental health matters and school related issues.

Child helplines in the MENA region and parents
Child helplines in the MENA region report that there has been an increase in adults contacting them not just on behalf of children, but also for advice on how to approach disputes with their children. Child helpline staff note that this appears to be a positive sign in a region where the concept of seeking parental guidance is new to families. The majority of the child helpline members in the MENA region are, in fact, under the auspices of national governments and as such have easy, direct access to parental care facilities, or themselves have parental care facilities as part of their services.

» Child helpline counsellors note that corporal punishment is still often seen as an acceptable form of reprimanding children in the home, leading to increased contacts on physical and emotional abuse. «
Abuse and violence (21%)  
Abuse and violence (21% of contacts, compared to 15% globally, and surpassed only by the Americas and the Caribbean region) and family relationships (the second most prevalent reason for contact in the region at 13%), were closely tied to one another in the MENA region in 2011. Physical abuse, emotional abuse and neglect were the top three types of abuse and violence about which child helplines were contacted, with many of the cases dealing with violence and abuse in the home and by family members. In fact, for both physical abuse and emotional abuse, the relative proportion of contacts were significantly higher in the MENA region than elsewhere, while the proportion of contacts on bullying and cyber bullying were quite low (figure 12).

The relatively high ratio of contacts to the child helplines by adults on behalf of children may partly help explain these figures, with parents and other adults less privy to instances of bullying for example than they may be to abuses in the home. Child helpline counsellors also note that corporal punishment is still often seen as an acceptable form of reprimanding children in the home, leading to increased contacts on physical and emotional abuse. Similarly, the ongoing tensions and upheaval in many MENA nations almost certainly also contributed to heightened levels of stress and violence in the home.

Family relationships (13%)  
Child helplines reported that many of the contacts recorded under family relationships in the MENA region could be attributed to intergenerational differences. Financial uncertainty, unemployment, honour disputes, family stress and marital stress were mentioned as amplifiers of intergenerational misunderstanding. Historically and culturally, family relationships in MENA region are very strict and hierarchical. Child helpline counsellors note that in many cases the lack of being heard and the feeling of decisions being imposed on them cause children in the region to rebel, and parents to impose stricter rules and corporal punishment.

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**Figure 12 - Types of abuse and violence contacts MENA vs other regions + Globally**

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>MENA</th>
<th>AFRICA</th>
<th>THE AMERICAS &amp; CARIBBEAN</th>
<th>ASIA PACIFIC</th>
<th>EUROPE</th>
<th>WORLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>36%</td>
<td>28%</td>
<td>21%</td>
<td>20%</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Cyber Bullying</td>
<td>14%</td>
<td>17%</td>
<td>23%</td>
<td>5%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>21%</td>
<td>15%</td>
<td>13%</td>
<td>7%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Neglect</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
<td>8%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>27%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Witness to Violence</td>
<td>0%</td>
<td>4%</td>
<td>23%</td>
<td>21%</td>
<td>23%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Psychosocial and mental health (13%)
The relative proportion of psychosocial and mental health contacts to child helplines in the MENA region about depression and ‘fear and anxiety’ far surpassed the global averages and were significantly higher than anywhere else. Similarly, the proportion of contacts about feelings of confidence were also higher than the world average, and surpassed only by such contacts in the Africa region. Moreover, some interesting gender trends could be seen in the MENA region: contacts about depression involved girls 2.5 times less often in the MENA region than globally, and contacts about confidence involved boys twice as often in MENA as globally. Figure 13 highlights some of these trends.

Again the relatively high proportion of contacts made by adults on behalf of children may help explain the figures above to some extent, with adults more often worried about their children’s stress levels, particularly as pertaining to school (see the next section), than being aware of their children’s struggles with boredom, loneliness, personal identity or self-harming or suicidal tendencies. At the same time, the sociocultural trends in familial structures and norms described above under abuse and violence may also play a role in the high levels depression and ‘fear and anxiety’ reported to child helplines in the region. More research needs to be done to further delve into the underlying issues.

School related (11%)
Contacts to child helplines in the MENA region about school related issues tended to focus predominantly on academic problems, performance anxiety and homework. Especially for performance anxiety, the proportion of contacts was quite high – twice the global average (30% of school related contacts in the MENA region compared to 15% globally). Interestingly, school related contacts in the MENA region concerned relatively more girls than boys. In this category also, local norms and familial expectations and pressures to succeed all play a role, with both parents and children contacting child helplines about these topics.

Figure 13 - Types of psychosocial and mental health contacts, total and by gender - MENA vs Globally
Conclusion Chapter 1

The figures and trends presented here represent only the tip of the iceberg, and give a broad global and regional overview of the different issues and problems children face. The data collected by Child Helpline International (CHI) from its members across the globe can be used to extrapolate further information and examine additional and more specific trends. CHI encourages anyone interested in helping to improve and strengthen child protection to use the data found on the CD ROM at the end of this publication to arm themselves with concrete facts and insights with regard to children’s lives.

CHI’s aim is that policy and decision makers, relevant stakeholders and interested parties will take heed of the wealth of information presented in Connecting to Children and that they will use these insights to improve child protection systems. Where the data indicates gaps, potential problems or possible areas for concern, CHI hopes relevant stakeholders and responsible parties will look into the matter, investigate and take appropriate action.
Case Studies

AFRICA

Physical Abuse
A 15-year-old girl, tortured by her father and his spouse, ran away to find her biological mother, 145 kilometres away. She found her mother, who was working as a prostitute and did not want her daughter to become like her. The girl was sent back to her father. The girl dreaded returning and sold her belongings to be able to go to her grandmother even farther away. The grandmother, instructed by the mother, also refused to provide the girl with shelter. The girl ended up on the street and suffered much abuse there. She remembered number of the child helpline and called to explain her burden.

The child helpline brought her to their child care centre, where she continues her studies and mediation is underway to facilitate reintegration with her family.

An 18-year-old girl called the child helpline, reporting that she has been living with her aunt and uncle for the past six years after her mother passed away. Her aunt adopted her legally but has been abusing her physically and emotionally. She has on several occasions spent the night outside the house as punishment for not being home at an agreed time. This last ‘punishment’ prompted her to phone the child helpline for help. She was beaten by her aunt’s husband to the point that her eye was shut and badly bruised. She did not attend school on this day and had to go to the doctor. What is more, because she felt the situation was getting unbearable for her, she attempted suicide but was found by a cousin.

The child helpline had two telephone sessions with the girl, of which one was a debriefing, and also a follow-up face to face session. She was finally taken to a safe place by the police. Both her and her guardians continue to receive counselling from a social worker.

A boy suffering from severe abuse by his mother found his way to the child helpline centre. His upper thighs and genitals were severely burned. The child helpline took the following steps:

First, the case was reported to police. Then full support for the victim (psycho-emotional, medical and food) was secured. Lastly, the boy’s father was persuaded to take steps to get boy’s younger sister to safety.

Neglect
A four-month-old baby was abandoned in a house by his parents. It is not clear how long he was alone, but when he was finally found by the local police he was malnourished and appeared dehydrated. With the cooperation of the police and the local council authorities, the child helpline was able to place the child in a baby’s home. He was able to stay there until he was later adopted by a suitable family abroad. The child helpline had a number of follow up contacts and received positive feedback. The boy, who used to be very timid, withdrawn, reserved and could hardly smile, now freely interacts with others and laughs a lot.

A man called to say he would like to understand what the child helpline is all about. After listening to the counsellor tell him about the child helpline’s services, the man opened up and explained that he was worried about his cousin’s two small children. The cousin had lost his wife, the mother of the children, and when he later remarried, he started to neglect the children. The man reported that his cousin does not buy the children school uniforms or help them with their homework, and that he also neglects to buy them food. The child helpline advised the caller on further steps and offered its service.

A man called the child helpline to report a case of child labour and physical abuse concerning a 13-year-old girl, a domestic worker at his neighbour’s house. The girl, reportedly brought from the western part of the country, was working for a couple with two young children. In addition to doing household chores, the young girl was expected to look after the children. The man was advised to report the matter to the District Children’s Officer but because he wished to remain anonymous he did not want to do this. He was, however, willing to work with the child helpline by providing more information. A few days later, a team from the child helpline made a home visit and found the girl at home bathing one of the children. Because she was coerced by the employers to resist being rescued, the police were called in to take her away before being placed at the Centre for Domestic Training and Development for temporary shelter.

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First, the case was reported to police. Then full support for the victim (psycho-emotional, medical and food) was secured. Lastly, the boy’s father was persuaded to take steps to get boy’s younger sister to safety.
Child helplines provide counselling to support the rehabilitation of children and also often work closely with legal support organizations and other agencies within the child protection system, to ensure a case is properly tried, and to provide the best possible care for the child.

The physical damage from child abuse, bullying or neglect can be devastating and lasting, as can the emotional scars. The power of being heard is one of the first, important steps toward emotional rehabilitation.

Sexual Abuse
A 12-year-old girl reported to members of her family that her father had attempted to rape her. The family members talked to the father and thought that the attempted abuse had stopped. But after three years, the girl became pregnant and she revealed that the father had been raping her. The case was reported to the police who underwent all the proceedings for the case to go to court. The girl’s mother however then decided to withdraw the case because she said that she had forgiven her husband. The mother brought her daughter to the child helpline with a recorded message on the phone where the father was telling his daughter that he loves her and that she is the only one who makes him happy and the only person who can keep the family together. The child helpline provided the family with counselling and referred the case back to the police. A first hearing of the case took place in May 2012 and is an important part of the healing process for the girl.

A 13-year-old girl staying with her mother’s friend was being sexually abused by the friend’s husband. The perpetrator took advantage of the absence of his wife when she was at work to abuse the girl. The girl was threatened not to disclose and was instructed to throw a coin in the fire and then leave it at the roadside so as to get rid of her problems. The girl was sent back to her mother’s home without any logical reason which made her mother and her uncles suspicious. The girl was taken for an HIV test and discovered to be HIV positive. The issue was reported to the child helpline. During the counselling session, the girl revealed that she had been sexually abused by the husband of her mother’s friend during her stay at their house. The case was reported to the police who arrested the suspect. After prolonged and persistent follow up by the child helpline the accused man was convicted by the court on charges of defilement and rape and sentenced to 8 years imprisonment.

The child helpline recorded an anonymous call concerning a case of incest with a minor with a disability. The case concerned a 16-year-old orphan girl with Down syndrome. The girl lived with her two brothers and three sisters in a marginalized household headed by the grandfather. The girl was presumed to be abused by her brother, a young, illiterate man in his twenties. Following a consultation at a medical post the abuse was disclosed. Given the extreme vulnerability and dependency of the victim who would continue to be abused, the case was referred to the juvenile detention for an investigation. The child helpline followed up until the case was tried.
Family Relations
A 14-year-old girl called the child helpline because she is often scolded for her poor school performance. She wishes that her parents would listen to her and help her with the school work, but they never have the time.

A 12-year-old girls calls to complain about her mother working all the time. When her mother is at home she always scolds the girl for not helping with the household chores, or for other reasons.

A 15-year-old boy and his sister living in a foster home were to be separated. The social worker attached to the case never informed the boy and his mother about their rights to be heard by the judge and was able to get the permission to separate the children. The 15-year-old called the child helpline desperately seeking information and threatening to harm the social worker or the home mother where his sister was to be placed.

The counsellor listened to him and was able to first calm him down. He was referred to a lawyer who takes these kinds of cases. He also was directed to the website where he could read up on his fundamental human rights. Follow up was made by contacting a lawyer and the case was brought to court. The siblings remain together for now.

Neglect
The child helpline received a call from the neighbour of a family with five children. The children’s ages range from 5 to 16 years old. The neighbour reported that the children are witnessing daily domestic violence in the house and that they are severely neglected. The children have started street selling and have gotten engaged in petty theft out of need. The eldest three have stopped attending school. The younger two attend irregularly, and if they do, they have no proper clothing or shoes. The child helpline called the household and agreed to contact the appropriate child care facilities.

AMERICAS & CARIBBEAN

Bullying
A 14-year-old girl child has been persistently bullied throughout primary school. She has changed schools before, but the bullies have followed her since they take the same bus route. She has been physically molested as well - the bullies have cut off her hair, and it has happened several times that her school bag was taken from her and thrown out of the bus. She has tried to sit close to the bus driver but this does not help. Other children do not help. She had a friend, but now her friend is also being bullied. The child helpline discusses with her in what ways they can help and finding a trusted person at school and in her area so that she can feel protected.

A teacher calls to get information on a severe case of bullying. A boy in her class (14 years old) was brutally charged by some of his classmates and his pants and underwear where stolen to reveal that he was circumcised. The boy hid in the toilets, until the class disclosed where he was. The boy was traumatised and could not stop shaking and crying until his mother picked him up. The teacher wanted professional advice on how to deal with this class situation.

The child helpline received a post on its website that said: “I saw an ad for the child helpline website and I went on the forum to share my troubles and fears with people I don’t even know. This is a great site- you won’t be judged or made fun off. I shared how I was bullied, and followed up on the advice. I told my bully off, and was not bullied again. Thank you.”

Children all over the world contact child helplines to express their fears and worries and to share their thoughts and concerns. Children trust child helplines and feel safe confiding in them.
Psychosocial and Mental Health Issues
A 12-year-old girl calls to discuss her suicidal tendencies. She attempted suicide a year ago. Her parents are divorcing and she blames herself for this. After her attempt her parents no longer leave her alone. She is now at her father’s work with him. The counsellor offers to support her in finding help and therapy for her tendencies. The therapist could also help her to cope with the family issues.

A kindergarten teacher called the child helpline on behalf of a four-year-old boy whose 18-year-old mother had just had a baby girl as well. His father committed suicide and the arrival of the new baby shocked the boy into aggressive behaviour. The kindergarten teacher felt that the mother could support and guide her son better and wanted advise on how to address this issue with the family.

A 14-year-old girl contacts the child helpline via its chat services looking for support with her social insecurities. She says that she does not fit in and that she wants to fit in really badly. She expresses that her mother also isolated her; because she is single and has no friends and claims her a lot. She says: “You don’t know my mother, you wouldn’t understand. It is just me and her. She has no friends and I have no friends; she has no brothers or parents, and I have no father.” The counsellor tries to encourage her to try new strategies to dialogue with her mother and with people who have a strong emotional bond with her. The counsellor also referred the girl to professional service that could support her at this time and stimulated her to call again. The girl did get in touch with the child helpline a few times again after this first call.

Sexual Abuse
A 14-year-old girl called and informed the child helpline that she has been impregnated by a 38-year-old man. She is still in school and wants to continue her education without the responsibility of a child. The child helpline explained the pros and cons of abortion and discussed the responsibilities of having a child when in school. After a while, the girl discloses that the child is from someone in the family who has abused her. She trusts the child helpline and chooses to disclose the identity of the man and also consents that the child helpline take action on her behalf.

A mother called the child helpline, frustrated that the child welfare and legal system have failed her children. Her two young children disclosed sexual abuse by their father to a police detective and others, and he has taken them to a physician for some physical concerns indicating sexual abuse. Nevertheless, the local Child Protective Services closed the case and the local judge is allowing unsupervised visits with the father, with whom the mother is in divorce proceedings. The child helpline counsellors listened, provided support and provided the mother with resources that she could contact.

A mother called. She had found her 6-year-old nephew and 5-year-old son playing in her son’s bedroom. When she walked in the two boys had their clothes off and were jumping up and down on the bed, laughing and giggling. The mother thought this was normal play, but wasn’t sure. She wanted to talk to her son about the incident but did not know what to say. The counsellor reassured her that this behaviour is age-appropriate play and made suggestions on how to talk to her son about the differences between appropriate and inappropriate touches, the rights to privacy for each family member and healthy sexuality.

A mother called with concerns about her husband sexual molesting her niece. She had just found out the night before. The counsellor let her know that she understood how hard it must be to talk about and supported her with the next steps of filing a report for the protection of the child and getting specialised treatment for her husband.

Child helplines are easy for children in need to access: they are toll-free and anonymous, and offer a variety of means for contact – from phone to online, from letters and radio to outreach and more.
Commercial Exploitation (and sexual abuse)
A woman called to report witnessing child commercial exploitation and sexual abuse in a nearly water purifying company. She reported seeing "children aged between 12 and 14 years old working there, without salaries or food. One boy fled because the owner of this company forced him to take off his clothes. He was so frightened and had to resign." Having received the report and details of the case, the child helpline counsellor called the referral partner (police) to cooperate and intervene.

Family Relations
A 10-year-old boy called the child helpline. He shared that he had failed his language and math final year exams. His parents were aware that he has failed his language exam, but not that he failed his math exam as well. He was afraid to inform them about it. He told the counsellor that his aunt and cousin influence his parents’ perception of him and he worried that his parents will evaluate him negatively and stop caring for him. He was under the impression that his parents were going away to Hong Kong for a year and were not bringing him or his younger brother. He feels angry with them for the way they are treating him.

The child helpline counsellor listens to the boy and gives him some creative ideas to cope with his feelings of anger and frustration. With the boy’s permission, the counsellor also speaks to his family, who are now all working together to improve their communication skills with one another.

Legal Aid (and sexual abuse)
A 14-year-old girl who lives with her grandmother was lured to find employment, but found herself violated in a nearby guesthouse. She told her family members about the sexual assault. Her family members submitted a complaint with local police and the accused man was arrested. The accused man admitted to raping the girl. But because of the poor living conditions of the family, her grandmother and uncle were worried that there would be no lawyer to represent her case in court. Her uncle called the child helpline via the toll free telephone number. The child helpline counsellor with consent from the uncle, contacted a referral partner for legal aid. The family felt very much supported. The case will be tried.
Especially with regard to taboo and difficult subjects, having someone to talk to and accessing information in confidence can make a huge difference in a child’s life.

Physical Abuse
An anonymous person contacted the child helpline to report that a 3-year-old child was being physically abused by her mother. A home visit was made to meet the mother and have a discussion regarding the allegations. The child did not seem to have any apparent injuries or marks, and a healthy attachment was observed between the mother and the child. However, from the information obtained, it appeared that the mother did sometimes resort to physical violence as a form of punishment when her child misbehaves. Some work was done with the mother to help her understand the effects that physical violence can have on a child and alternative methods of disciplining children were explained. Case follow up revealed that the family had now moved to a new house and are living separately from the in-laws. According to the mother, this change has had a positive impact on their lives, and she is implementing the ideas learned from the child helpline team.

The child helpline received an anonymous contact alleging child abuse of a 9-year-old boy by his parents. The contact gave the child's home address and the child helpline team went for a visit. The mother answered the door and was initially reluctant to let the team in, but eventually relented. She also agreed to let the child helpline interview her son separately. Extensive bruises and marks were identified on the child’s limbs and the face, and the information gathered showed that the mother did indeed beat her son quite frequently, especially with regard to his studies. The boy was admitted to hospital under the direction of the social workers, and a multidisciplinary case conference was held between the child helpline, the boy’s school, the Social Welfare Department and the hospital to discuss the case and come up with a welfare plan. The recommendation was to remove the boy from the home and to work with the parents on their behaviour. The parents were invited to participate in the case conference and were informed of the welfare plan recommendation and the follow up services. They were invited to share their views and concerns. The mother was remorseful and agreed to cooperate with the welfare plans.

Psychosocial and Mental Health Issues
An 18-year-old girl contacted the child helpline by phone to say that she had taken 20 tablets containing a combination of paracetamol and codeine. She had called before but had not dared to tell the counsellor who had answered the phone at that time. She was now beginning to feel very ill and afraid of dying, but did not want to go to hospital. She had decided to call the child helpline again to see what she should do. While the counsellor continued to work with the girl’s ambivalence about living and dying, a supervisor phoned the poisons information telephone line to establish risk levels. This information was then passed onto the girl who eventually agreed to give identifying information to allow an ambulance to be called. The counsellor encouraged the girl to open the door to her apartment and kept her talking to her to keep her awake until the ambulance arrived.

In Japan, the child helpline received many contacts from children traumatised by the tsunami last year. Children contacting the child helpline mostly needed someone to talk to, with many expressing that they couldn’t sleep at night and suffered from recurring nightmares. A child who survived and who was reunited with his parents expressed his feelings of guilt because he has some friends whose parents died. Many children also told the child helpline counsellors that the television images of the tsunami made them very uneasy. A number of children who live far away from the stricken area also called the child helpline to talk about their feelings and worries that such an event could also take place in their area.

A 16-year-old girl contacted the child helpline. A year ago she lost her best friend to suicide, and she thinks about her often. She says she feels low most of the time, and has stopped doing the things she used to enjoy, such as horse riding; she says that she has been feeling this way for the past 6 months and regularly self-harms. She has had suicidal thoughts, but says she wouldn’t act on them as she knows how much pain it caused her to lose her friend, and wouldn’t want to cause others to feel that pain. The child helpline counsellor listens and together with the girl develops a plan for the girl to talk to her mum over the next two weeks about getting some face to face counselling. The counsellor alsobrainstorms with the girl to come up with activities she can do when she is feeling low and to help her cope with the feelings without self-harming. The girl continues to contact the child helpline for support almost daily for the next 3 week as she works through her problems.
Family Relations
A 14-year-old boy told the child helpline that his life was normal until his dad lost his job. He said that his dad was now going to the pub more often, even though money was very tight. He said that when his dad came home from the pub he and his mum would start arguing over bills and how they were going to pay for things. He told the counsellor that he often lies in bed listening to them arguing hoping that his dad will find another job soon. He said that he found it hard to concentrate at school because he was worried about bills and all the arguments between his parents. He said that he lost interest in doing things that he used to enjoy like meeting his friends. The boy felt that he couldn’t talk to his parents about how he was feeling because he knew the pressure they were under. He said that at the beginning of the summer holidays things really hit a low point because his dad was still drinking a lot and always in bad humour. It was at this point that his dad started hitting him. Then he noticed the child helpline text service. The counsellor gave the boy support and the boy texted that he was going to stay with his grandmother to give himself some space to think. Later, the boy was able to talk to his parents about how he was feeling, and his dad admitted to his mum that he had hit him. The boy told the child helpline that this was a turning point for them. His dad apologised for hitting him and they were getting help to work things out.

Peer Relations
A 14-year-old girl who was left by her boyfriend five days ago contacted the child helpline for support. She was with this boy for six months, and now he is ignoring her. He does not answer her calls, sms and chat. They attended dance classes together but he dropped them. She felt very sad. The counsellor listened and gave emotional support, and helped her understand that it is normal to feel this way.

A 12-year-old child contacted the child helpline because she was being stalked on the internet and on her mobile phone by her peers. The counsellor supported the child and informed the child about her rights and the possibility of reporting the case to the police either with her parents or via the child helpline.
Physical Abuse
The child helpline receives a message saying: “I am 14-years-old, my parents beat me often. They smack me, call me names for no reason. I don’t know what to do. I had to run away. I don’t want to come back home. I want them to stop beating me.” A counsellor contacts the child and first reassures and calms the child, then offers to contact a social worker, who can help with a plan of action.

In one of the abuse cases registered by a child helpline in 2011, the child concerned was beaten by his father daily. His father hit him with objects and forced him to sleep outside. The boy wanted help, he could not stand the situation anymore and could not endure the physical and emotional abuse anymore. He felt lonely and helpless. The counsellor listened to him, and advised him on alternatives. The child asked for the child helpline to arrange for the intervention of the Social Care and Child Protection, so that he could be placed in foster care.

Sexual Abuse
A girl (17 years old) told us about being raped at the age of 15. She also implied that her father still rapes her repeatedly. She did not talk much, and a lot of the information was given as a direct answer to the counsellor’s questions. The counsellor discussed matters of unwanted intimacy and rape and encouraged the girl to talk. Finally she disclosed that she did not want to embarrass her family, because her father was close to someone who works in the social services.

Sexuality
A girl contacted the child helpline saying that she said she and her boyfriend were planning to “do it”, and she wanted information on contraceptives. The girl was very shy and only referred to sex as “it”. The counsellor asked the girl about her knowledge about contraception and facts of life and corrected untrue information and educated her about contraception. The counsellor also built a supportive and open relation with the girl and encouraged her to talk about her feelings, her relationship and any doubts she might have. In the end the girl said: “It’s hard to be a teenager: I think that all of my friends have done it already. They’re talking all the time about boys and… sex. And my boyfriend… he talks about it all the time too. I thought that I should do it. But now I realised that I’m not ready and I don’t have to do anything against my will”.

A 15-year-old girl tells the child helpline counsellor that she recently found out that she is pregnant. Her mother threatened to throw her out of the house if she did not agree to have an abortion. The girl does not want to have an abortion. She tried to ask her older sisters for support, but they agreed with their mother and also advised her to have an abortion. Her boyfriend (16 years old) said that he will support her and his parents even offered that she could live with them. Her boyfriend (16 years old) said that he will support her and his parents even offered that she could live with them. The girl wanted legal advice, specifically to know if her mother could force her to have an abortion, and if she could move in with her boyfriend’s family without her mother’s permission. She also wanted information on financial support and finishing school while pregnant. The child helpline counsellor informed the girl about her rights in these matters and referred her to a local organisation which supports teenage mothers as well as the local youth welfare office. The conversation also focussed on future perspectives and possible obstacles, and the counsellor tried to help the girl to get a realistic view of what was to expect.

Especially where there are gaps in the existing child protection services, many child helplines also provide legal aid, shelter, education and other direct interventions.
Often a child’s situation can be quite complex, with a problem triggering trouble and stress in other areas of the child’s life as well. Child helplines are able to help children sort through their problems and address all of the different issues at hand.

Middle East and North Africa (MENA)

Family Relations
A 15-year-old girl contacted the child helpline because her parents wanted to marry her off against her will. They forced her to leave school under the pretext that they cannot financially afford it. Many young men have asked her hand in marriage, and her parents are becoming serious about one candidate. The girl said that she repeatedly tried to commit suicide, taking poison or large quantities of medicine. The child helpline first made the agreement with the girl that she would not think of suicide as long as she was in touch with them. The child helpline then liaised with the parents about the planned marriage and the consequences for the girl. The girl reported back that she is now very happy and that the child helpline helped her to change the way she communicates with her parents and that her parents have begun to change the way they treat her, listening more to her and taking her views seriously. They are not forcing her to get married now, and they allowed her to return to school.

Neglect (and child labour)
The child helpline dealt with the case of a 13-year-old boy whose parents divorced when he was 10 years old. His mother had waved her custody rights to his father, who remarried two years ago. His stepmother already had a daughter, and another daughter was expected soon. The boy was severely neglected by his father and stepmother. They ‘sub-let’ him to a local bakery to work, and he often spent the night there. When his uncle noticed this he called the child helpline. The case was investigated and charges of child abuse where filed. The father was brought before a judge and given the choice to either improve his treatment of his son, or to reverse his custody claim in favour of the mother.
Connecting to Children 43

Case Studies

MIDDLE EAST AND NORTH AFRICA

Physical Abuse

A neighbour called to report a 3-year-old boy who was repeatedly beaten by his drug addicted father. The child helpline assessed the family situation and decided to first rescue the child. A medical report was obtained to prove the beatings and the child was sheltered at a social home temporarily. The child received psychological treatment. Then the child helpline managed to transfer custody of the child to the child’s aunt, as the mother had passed away. The child now lives safely with his aunt, and the case is monitored through visits to her house.

A 10-year-old primary school boy called to complain that his mother neglects him and treats him differently than his brothers. He said that his brothers are allowed to beat him and that he wants help from the child helpline. The counsellor calmed him down and referred his case to specialists at the Services Department to provide him with direct social and psychological support and to work out a proper therapy plan, and to take necessary measures with his family.

The mother of a 6-year-old boy called to ask for support on how to deal with her son. She explained that the child was physically and verbally abused by his kindergarten teachers, who used to lock him up in the toilets as punishment. The boy now refused to go to school without her accompanying him and cried hysterically when she would try to leave. The child has also been diagnosed with learning problems and hyperactivity. The child helpline arranged for the family to meet with a counsellor for direct guidance and advice. The mother and father were advised on how to use their parental skills and fulfil their child’s needs. Efforts were also made to reduce the child’s tension and anxiety through play therapy sessions. As part of the treatment, the parents were referred to a partner for an accurate diagnosis and follow-up. The mother reported later that all of the efforts paid off, and her son now likes school and attends regularly. The child helpline has had several follow-up contacts with the family to help ensure that the results achieved are maintained.

Counsellors understand the sociocultural norms of their region, as well as universal children’s rights. They provide both empathy and important resources and emergency assistance to children seeking help and information.

Sexuality

A 16-year-old girl contacted the child helpline because her mother tried to force her to have an abortion. She is in a state of panic and needs support. A psychological, social and legal support team visited the family to mediate between the girl and her mother. The team assured that the girl was physically and emotionally all right. Then they explain the significances and legal repercussions of abortion to mother and daughter, and assured the family that the visit and case would remain confidential. The mother responded favourably to the girl’s reasons for wanting to keep the baby, and the case was followed until the girl gave birth.
Chapter 2: A closer look at child helplines’ operation and reach

Encompassing a vast and geographically diverse network of child helplines, Child Helpline International (CHI) is in the optimum position to offer its members, partners and other stakeholders comprehensive overviews of the latest developments and issues facing child helplines today. To this end CHI collates data and information from its members about child helpline services and emerging trends in child protection. The data presented in this chapter highlights the importance of child helplines in national child protection systems as well as the challenges child helplines face as they work to continuously provide quality services and support to children around the world.
ABOUT CHILD HELPLINES

What is a child helpline?
Child helplines are help and support services for children, run by civil society organisations and also in some cases government bodies. Child helplines base their work on the principles of the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The UNCRC also specifically gives children the right to be heard and to express their views without fear of harm or reprisal. Child helplines help ensure all children have the opportunity to be heard. Child helplines also adhere to the four core principles of the UNCRC: non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child.

How can children contact a child helpline?
In order to be optimally accessible to all children, child helplines use a variety of communication methods and technologies, depending on the needs of the children they serve. Some of the communication methods adopted by child helplines are:

- telephone services;
- mobile phone SMS/text messaging;
- online services such as email, chat rooms and online bulletin boards;
- letter ‘drop boxes’ in schools, community centres and other public spaces;
- postal services;
- radio programmes;
- mobile outreach units.

To make access easier and simple for children, child helplines endeavour to obtain three- or four-digit, short, easy to remember, toll-free phone numbers. These ensure that all children can pick up a phone and call a child helpline at any time, without worrying about costs.

Similarly, child helplines strive to constantly keep up with the changing needs and preferred communication methods of children. In some cases this means incorporating new online technologies to reach children well-versed in and accustomed to online communication, and in other cases this involves implementing creative outreach programmes to reach marginalised children, be it in remote communities or those children living outside of existing formal systems.

What do child helplines offer?
Child helpline counsellors actively listen to children who wish to express their concerns, and link children and young people to resources and emergency assistance as needed. Where necessary, child helplines also directly intervene, providing shelter, education and legal support. Lastly, child helplines strive to reach out to children who may not be able to access their services easily on their own and to raise awareness of their services and of the issues faced by children.

> Child helplines strive to be accessible to all children everywhere and use a variety of innovative means of communication to do so. <<
**Response Capacity - ‘Answered’ and ‘Responded to’ Telephone Calls**

‘Answered’ vs. ‘responded to’ calls

Of the nearly 13.8 million contacts received in 2011 by child helplines, just over 13 million were telephone contacts. Unfortunately, not all telephone calls to child helplines can be attended to. Insufficient funding affects the operating capacities of many child helplines, including staff coverage/capacity and opening hours. As a result, some telephone calls might go to a machine or other automated response mechanism, rather than being answered by a child helpline counsellor. Child helplines therefore differentiate between the total number of attempted telephone calls, the number of answered calls, and those calls that were actually responded to:

- **‘Attempted’ calls**: Any time the child helpline’s phone number is dialled, including calls that do not actually get through.
- **‘Answered’ calls**: Answered calls are all telephone contacts for which active listening by a member of the child helpline’s staff took place, regardless of assistance provided, and includes all silent, abusive and test calls, as well as calls in which the child simply wants someone to listen to them, without a need for a response. Answered calls do not include calls picked up by an answering machine or automated response service.
- **‘Responded To’ calls**: All calls for which the level of engagement is sufficient to gather information about the child. Responded to calls are effectively all answered calls for which the child helpline is able to provide some form of assistance and/or categorise the calls according to the CHI Glossary. Responses include interactive counselling, referral to another service or agency for assistance, or an intervention by the child helpline itself. Responded to calls are a percentage of the answered calls.

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**Figure 14 - Answered calls, and percent of answered calls that were responded to and percent that were test/silent calls, per region and globally**

<table>
<thead>
<tr>
<th>Regions and the World</th>
<th>Africa</th>
<th>Americas &amp; Caribbean</th>
<th>Asia Pacific</th>
<th>Europe</th>
<th>MEA</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answered</strong></td>
<td>863,140</td>
<td>901,232</td>
<td>3,454,365</td>
<td>7,530,662</td>
<td>306,558</td>
<td>13,055,957</td>
</tr>
<tr>
<td><strong>Responded To</strong></td>
<td>325,801</td>
<td>490,104</td>
<td>1,246,181</td>
<td>1,403,883</td>
<td>62,937</td>
<td>3,528,906</td>
</tr>
<tr>
<td><strong>Test and Silent Calls</strong></td>
<td>471,906</td>
<td>399,733</td>
<td>939,911</td>
<td>1,799,527</td>
<td>71,354</td>
<td>3,682,431</td>
</tr>
</tbody>
</table>

**Percentage:**
- 38%
- 54%
- 36%
- 19%
- 21%
- 27%
- 55%
- 44%
- 27%
- 24%
- 23%
- 28%
“Answered” calls and “responded to” calls together give a good indication of child helplines’ response capacities, especially when checked also against the rate of test and silent calls. Figure 14 shows the numbers of answered calls worldwide and per region in 2011, as well as the proportion of those calls which were responded to and the percentage which were test/silent calls.

Response Capacities in 2011
In 2011 there was a 5% decrease worldwide in the proportion of ‘responded to’ calls compared with 2010 - from 33% to 27%. The absolute numbers show that this decrease stemmed from an increase in overall calls in 2011, coupled with a decline in child helplines’ response capacities: 3,795,102 calls were responded to out of 11,604,894 answered calls overall in 2010, compared to 3,528,906 calls responded to out of 13,055,957 total answered calls in 2011.

One of the main reasons cited by child helplines for the increase in contacts in 2011 by telephone was the increase in problems and anxieties amongst children due to the global economic crisis. At the same time, many child helplines’ operational capacities were handicapped in 2011 due to funding cuts resulting from the very same economic crisis. Not surprisingly, response rates often dropped in 2011 compared to previous years, as child helplines did not have the needed capacity to respond to the increased volume of contacts.

This phenomenon was particularly marked in Europe, where the data shows a dramatic decline in the percentage of answered calls that were responded to (19% in 2011 compared to 32% in 2010). The main cause for this apparent decrease was the large increase in the number of calls received and answered by child helplines as compared to 2010. In absolute terms, child helplines in the European region answered over two million more calls in 2011 than in 2010.

These figures show that precisely in times of hardship, when children are most in need of child helpline services, it is important to buttress and even expand child helplines’ operational faculties.

Test Calls
Interestingly, the number of test and silent calls has gone down in Europe, for example, from 36% in 2010 to 24% in 2011 of all answered calls. This indicates that some of the efforts of child helplines to reduce the number of test and silent calls have been successful. Test calls, though very valuable for the caller who is testing the waters before using the service, can be very time and resource consuming.

It is worth noting that younger child helplines, and especially those in the “developing phase” (0–5 years of existence), are often extensively tested by children first, to see how they respond to silly, prank or silent calls. Older child helplines also sometimes see surges in test calls in and around times of crises or stress for children – such as economic problems in a country, political unrest, upcoming national school exams and more.

Test and silent calls, for which no active response is generally possible, can lead to lower percentages of ‘responded to’ calls, although absolute response numbers may be stable. Africa and the Americas and Caribbean saw relatively high percentages of test and silent calls in 2011, although the exact reasons for these trends are not yet known.

>> TRENDS /// PARTNERS >> “In 2011 we had the opportunity to intensify the dissemination of the child helpline service through strategic partners who have given us direct access to more children (outreach) or indirect support (advertising material and written media). Increasing the number of responded to calls and reducing the number of prank calls.” - Brazil

“There is a very large increase of calls due to the cooperation from 10 mobile phone operators in launching the toll free services for our child helpline and the promotion of the service to children and youth. The large increase of calls shows that there is a high demand for the toll-free professional phone counselling, information services and effective referral and follow up services” - Cambodia

“Answered” calls and “responded to” calls together give a good indication of child helplines’ response capacities, especially when checked also against the rate of test and silent calls. Figure 14 shows the numbers of answered calls worldwide and per region in 2011, as well as the proportion of those calls which were responded to and the percentage which were test/silent calls.

Response Capacities in 2011
In 2011 there was a 5% decrease worldwide in the proportion of ‘responded to’ calls compared with 2010 - from 33% to 27%. The absolute numbers show that this decrease stemmed from an increase in overall calls in 2011, coupled with a decline in child helplines’ response capacities: 3,795,102 calls were responded to out of 11,604,894 answered calls overall in 2010, compared to 3,528,906 calls responded to out of 13,055,957 total answered calls in 2011.

One of the main reasons cited by child helplines for the increase in contacts in 2011 by telephone was the increase in problems and anxieties amongst children due to the global economic crisis. At the same time, many child helplines’ operational capacities were handicapped in 2011 due to funding cuts resulting from the very same economic crisis. Not surprisingly, response rates often dropped in 2011 compared to previous years, as child helplines did not have the needed capacity to respond to the increased volume of contacts.

This phenomenon was particularly marked in Europe, where the data shows a dramatic decline in the percentage of answered calls that were responded to (19% in 2011 compared to 32% in 2010). The main cause for this apparent decrease was the large increase in the number of calls received and answered by child helplines as compared to 2010. In absolute terms, child helplines in the European region answered over two million more calls in 2011 than in 2010.

These figures show that precisely in times of hardship, when children are most in need of child helpline services, it is important to buttress and even expand child helplines’ operational faculties.

Test Calls
Interestingly, the number of test and silent calls has gone down in Europe, for example, from 36% in 2010 to 24% in 2011 of all answered calls. This indicates that some of the efforts of child helplines to reduce the number of test and silent calls have been successful. Test calls, though very valuable for the caller who is testing the waters before using the service, can be very time and resource consuming.

It is worth noting that younger child helplines, and especially those in the “developing phase” (0–5 years of existence), are often extensively tested by children first, to see how they respond to silly, prank or silent calls. Older child helplines also sometimes see surges in test calls in and around times of crises or stress for children – such as economic problems in a country, political unrest, upcoming national school exams and more.

Test and silent calls, for which no active response is generally possible, can lead to lower percentages of ‘responded to’ calls, although absolute response numbers may be stable. Africa and the Americas and Caribbean saw relatively high percentages of test and silent calls in 2011, although the exact reasons for these trends are not yet known.

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COMMUNICATION METHODS

Preferred means of communication with child helplines

Although most contacts made to child helplines are telephone-based, many child helplines also offer counselling services through SMS/mobile text messaging, web-based communications such as emails and chat, and various in-person interactions, both at child helpline centres and via outreach programmes in schools, communities and elsewhere. Figure 15 shows the incidence of the use by children (and adults on behalf of children) of the different types of communication methods available for contacting child helplines (excluding general visits to child helplines’ websites).

There are some discernable trends across the different HDI levels with regards to the most commonly used methods of communication (figure 16). In the lower HDI level countries, in-person contacts, and especially outreach, are still widely used in comparison to other HDI levels. Child helpline staff reported that outreach-based services are especially important for accessing marginalised and isolated children, be it in remote geographic locations or in segments of society which are possibly cut off from mainstream support systems (such as street children or child labourers). Online means of communication are more common in higher HDI level nations.

In general, child helplines everywhere are constantly evolving the means by which they can be accessed in order to meet the ever changing needs and environments of the children they serve.

Figure 15 - Communication methods - global incidences

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE BASED CONTACTS</td>
<td></td>
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<tr>
<td>FAX</td>
<td>339</td>
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<tr>
<td>SMS</td>
<td>233,944</td>
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<tr>
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<td>13,024,006</td>
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<table>
<thead>
<tr>
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<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONLINE CONTACTS</td>
<td></td>
</tr>
<tr>
<td>CHAT</td>
<td>113,968</td>
</tr>
<tr>
<td>E-MAIL</td>
<td>105,718</td>
</tr>
<tr>
<td>ONLINE BULLETIN BOARD POSTS</td>
<td>307,038</td>
</tr>
<tr>
<td>TOTAL</td>
<td>526,724</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-PERSON CONTACTS</td>
<td></td>
</tr>
<tr>
<td>OUTREACH</td>
<td>206,609</td>
</tr>
<tr>
<td>WALK-IN/IN PERSON</td>
<td>95,358</td>
</tr>
<tr>
<td>TOTAL</td>
<td>301,967</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSTAL CONTACTS</td>
<td></td>
</tr>
<tr>
<td>POSTAL</td>
<td>3,195</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,195</td>
</tr>
</tbody>
</table>
Connecting to Children

Online communication methods

Online media such as websites, social media, chat, email and online bulletin boards are good examples of how child helplines work to incorporate new communication habits and trends amongst children into their services.

Although websites and other online social media (such as Facebook and Twitter) are not generally considered to be full-fledged counselling mechanisms (because there is no direct, immediate interaction with the children), child helplines do report that they are increasingly using these means to disseminate information popularly requested by children and also in some instances for controlled peer-to-peer counselling. An increasing number of child helplines are also starting to offer online counselling options, such as chat and email counselling.

Figure 16 - Communication methods by HDI levels

<table>
<thead>
<tr>
<th>HDI LEVELS</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
<th>VERY HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE BASED CONTACTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAX</td>
<td>27 &lt;1%</td>
<td>120 &lt;1%</td>
<td>40 &lt;1%</td>
<td>152 &lt;1%</td>
</tr>
<tr>
<td>SMS</td>
<td>381 &lt;1%</td>
<td>9.387 &lt;1%</td>
<td>1,559 &lt;1%</td>
<td>222,617 2%</td>
</tr>
<tr>
<td>TELEPHONE BASED CONTACTS</td>
<td>977,674 87%</td>
<td>2,566,567 97%</td>
<td>806,538 92%</td>
<td>8,675,227 92%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>978,082 87%</td>
<td>2,574,074 98%</td>
<td>808,137 92%</td>
<td>8,897,996 94%</td>
</tr>
<tr>
<td>ONLINE CONTACTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAT</td>
<td>32 &lt;1%</td>
<td>100 &lt;1%</td>
<td>39 &lt;1%</td>
<td>113,797 1%</td>
</tr>
<tr>
<td>E-MAIL</td>
<td>52 &lt;1%</td>
<td>734 &lt;1%</td>
<td>11,241 1%</td>
<td>93,691 1%</td>
</tr>
<tr>
<td>ONLINE BULLETIN BOARD POSTS</td>
<td>73 &lt;1%</td>
<td>94 &lt;1%</td>
<td>2,558 0%</td>
<td>304,313 3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>157 &lt;1%</td>
<td>928 &lt;1%</td>
<td>13,838 2%</td>
<td>511,801 5%</td>
</tr>
<tr>
<td>IN-PERSON CONTACTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTREACH</td>
<td>126,569 11%</td>
<td>29,328 1%</td>
<td>11,065 1%</td>
<td>39,647 0%</td>
</tr>
<tr>
<td>WALK-IN/IN PERSON</td>
<td>19,490 2%</td>
<td>33,975 1%</td>
<td>40,148 5%</td>
<td>1,745 0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>146,059 13%</td>
<td>63,303 2%</td>
<td>51,213 6%</td>
<td>41,392 0%</td>
</tr>
<tr>
<td>POSTAL CONTACTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSTAL</td>
<td>109 &lt;1%</td>
<td>294 &lt;1%</td>
<td>2,779 &lt;1%</td>
<td>13 &lt;1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>109 &lt;1%</td>
<td>294 &lt;1%</td>
<td>2,779 &lt;1%</td>
<td>13 &lt;1%</td>
</tr>
</tbody>
</table>
TRENDS /// ONLINE COMMUNICATIONS

“WE HAVE EXPERIENCED A SIGNIFICANT INCREASE IN VISITS TO THE WEBSITE FROM 505,501 IN 2010 TO 628,490 IN 2011. THIS HAS BEEN ACCOMPANIED BY YOUNG PEOPLE SPENDING MORE TIME AT THE WEBSITE AS WELL.” - Canada

”WE HAVE THE IDEA THAT ONLINE CHAT WILL GROW BIGGER AND THAT LESS CHILDREN WILL CONTACT US THROUGH PHONE.” - Norway

“THERE IS AN INCREASED NUMBER OF CONTACTS BY EMAIL AND FEWER CALLS RECEIVED.” - Portugal

“IN TERMS OF METHOD OF COMMUNICATION, THE NUMBER 116 111 REMAINS THE MOST USED, BUT THERE HAS BEEN AN INCREASE IN THE NUMBER OF COUNSELLING REQUESTS RECEIVED ON THE E-MAIL ADDRESS.” - Romania

“ONE OF THE MORE PROMINENT EMERGING TRENDS DURING 2011 WAS THE INCREASE OF CONTACTS ESTABLISHED THROUGH THE CHAT ROOM.” - Sweden

“UTILISATION OF ONLINE MEANS TO CONNECT WITH THE CHILD HELPLINE IS ON THE RISE. EMAILS, BULLETIN BOARD POSTS AND ONLINE CHATS CONTINUE TO SHOW INCREASES AS YOUTH TAKE ADVANTAGE OF THE OPPORTUNITIES TO CONNECT TO OUR SERVICES ACROSS MULTIPLE PLATFORMS.” - USA

CHI will continue to monitor and collect data on advances and innovations in child helplines’ use of these new media over the coming years.

TOLL-FREE ACCESS TO CHILD HELPLINES

The need for toll-free statuses for child helplines

Every phone call made, whether from a landline or a mobile phone, and every SMS/mobile phone text message sent to and also from a child helpline, has to be paid for by someone. Ideally, neither the child nor the child helpline should have to bear these costs.

Phone charges are often a major deterrent for children. Children very often do not have the means to pay for the phone call. In addition, when using phones belonging to adults, children run the risk of the costs showing up on the telephone bill and giving away that the child has been in touch with a helpline. When children are calling about abuse and violence or about taboo subjects, having their parent or guardian find out about contact with a child helpline can be embarrassing at the least and even potentially dangerous.

The need for toll-free numbers for children to call is especially poignant in cases of emergency or when a child’s life is at risk. No child should have to face abuse, violence, neglect or harm of any kind for lack of the means to call for help.

Online Safety

As children make increasing use of online media in their daily lives, new means of communication and accessibility are opening up for child helplines. At the same time, the number of contacts to child helplines about internet safety and online behaviour are also picking up. A number of child helplines report that they have started to keep track of contacts about online safety, and in many cases even adding new categories to their data collection to reflect this new trend.

“WE IMPLEMENTED A SEPARATE CATEGORY ‘NEW MEDIA’, WHERE WE DIFFERENTIATE BETWEEN: MEDIA EDUCATION, DATA PROTECTION/PRIVACY, ADDICTION (INTERNET, COMPUTER GAMES), CYBER BULLYING, SEXUAL HARASSMENT, GROOMING, FRAUDULENT WEB SERVICES, TELEPHONE/INTERNET CHARGES, INAPPROPRIATE CONTENTS, UNWANTED APPROACH.” - Austria

“OUR LINE IS SPECIALISED IN GUIDANCE ON THE USE OF INTERNET AND WE HAVE MANY CASES ON SEXTING, CYBER BULLYING, INAPPROPRIATE USE OF IMAGES, DISCRIMINATION AND SEXUAL HARASSMENT. WE HAVE CONTACTS FROM MOTHERS, FATHERS, TEACHERS AND CHILDREN FOR GUIDANCE.” - Brazil

“WE RECEIVED MORE INQUIRIES FROM PARENTS CONCERNED ABOUT THEIR CHILDREN’S SOCIAL MEDIA COMMUNICATION, PARTICULARLY ABOUT TEENAGE CHILDREN WHO WERE COMMUNICATING VIA FACEBOOK WITH PEOPLE WHO WERE OLDER THAN THEY AND KNOWN TO THEM ONLY THROUGH FACEBOOK. PARENTS WERE CONCERNED THAT THEIR TEENS WERE BEING TARGETED BY PEOPLE WHO INTENDED TO SEXUALLY HARM THEM, AND WANTED ADVICE AND RESOURCES TO PROTECT THEIR CHILDREN.” USA
For child helplines, securing toll-free phone communication for both incoming and outgoing calls frees up already scarce funds for maintaining and upgrading other important services. Unfortunately, as **Figure 17 on page 53** shows, many child helplines are not yet operating with full toll-free status.

CHI breaks down the information collected from its member child helplines about their toll-free statuses into three principle categories:

- **Toll-free for the child and the child helpline**: neither the caller nor the child helpline pay for the costs of incoming and outgoing calls, but instead a third party such as a telecom company, the government or a private sponsor assumes the costs;
- **Toll-free for the child**: the caller does not pay for calls made to the child helpline but the child helpline does;
- **Not toll-free**: the caller pays for incoming calls and the child helpline pays for outgoing calls.

_NO CHILD SHOULD HAVE TO FACE ABUSE, VIOLENCE, NEGLECT OR HARM OF ANY KIND FOR LACK OF THE MEANS TO CALL FOR HELP._

CHI continues to work with its member child helplines to secure short, easy-to-remember toll-free phone numbers from national telecommunication regulators and relevant government bodies for all child helplines. Where possible, CHI aims to help child helplines procure one uniform, harmonised toll-free number per region, to further ensure accessibility for children no matter where they are. The box below gives more information about harmonised numbers.

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**Regionally harmonised toll-free numbers**

CHI and its member child helplines strive not only for national, but also cross-national coverage, by procuring harmonised toll-free regional numbers. This is particularly important in regions with high incidences of cross-border child trafficking or migration.

In the Africa region, this harmonised number is 116. Thus far, more than half of CHI’s member child helplines in Africa have succeeded in persuading their national regulating bodies to allocate them the 116 number, allowing them to become part of a stronger, further-reaching safety net of child helplines. In the European region the number 116 11 has been officially reserved for child helplines in both the European Union (EU) and in non-EU states. In the European Union alone, 16 of CHI’s member child helplines have already implemented the 116 111 number. CHI recently launched a special website to raise awareness of the EU-based child helplines with the 116 111 number: [http://www.116111.eu/](http://www.116111.eu/). In Asia Pacific CHI’s member child helplines consulted with children to come up with the best possible, easiest-to-remember number for harmonisation. The winning number was “ten, nine, eight” or 1098 as a toll-free number. Four child helplines (Bangladesh, India, Nepal and Pakistan) are currently fully operational in Asia Pacific with the 1098 number, and others are working to achieve allocation and operation of the number as well.
Toll-free statuses in 2011
The data for 2011 shows that for 42% of the child helplines which submitted data for this report calls made through landline telephone were toll-free for both the child helpline and the caller. While this is an important achievement, often stemming from fruitful partnerships with telecommunications companies, governments or other private sponsors, half of all the child helplines still bore the costs for incoming calls, and some child helplines had not yet achieved toll-free status at all, neither for themselves or the children needing to contact them. As figure 17 shows, this was particularly noticeable in lower HDI level countries where a relatively high percentage of child helplines were still operating without any toll-free status in 2011. At the same time, however, lower, as well as medium, HDI level countries did have a higher proportion of completely toll-free (for both the helpline and the children) child helplines than high and very high HDI level nations. In fact, in high and very high HDI level countries, child helplines tended to be toll-free only for the children and not for the helplines, leaving the child helpline to bear the costs of the incoming calls. Especially with the global economic downturn over the past few years, having to allocate a significant amount of their budgets to the costs of receiving telephone calls has led many child helplines to look for alternative means of communication – such as online media – and/or to reduce their operating hours and staff numbers.

Significantly more child helplines in 2011 are still without any kind of toll-free status for mobile telephone calls than for landlines. More than one in five child helplines for which the toll-free status was known in 2011 were still paying themselves for all uses of mobile telephones and 37% were still picking up the costs of mobile calls and text messages from children (figure 17). The figures for toll-free statuses for mobile phone calls also show that lower and medium HDI level countries again have higher percentages of child helplines with complete toll-free statuses, although the lower HDI level countries still also have quite a high proportion of child helplines without any toll-free capacities at all. As with landlines, high and very high HDI level countries have relatively many child helplines with toll-free mobile status only for the children, leaving the child helpline to pay for incoming mobile calls and texts in order to remain accessible to children on this ever-growing and ever more popular medium with children.

CHILD HELPLINE REACH AND COVERAGE
Types of coverage
Ideally, every country should have one national child helpline, operating with one, nation-wide, short and toll-free number that is well publicised and widely known. This ensures maximum accessibility and better overall child protection for the children in a particular country. Multiple child helplines operating in isolation in different (or even the same) cities or regions of a country, and with different contact numbers, may in fact be counter-productive. Their efforts are quite often segmented and their overall reach, strength and impact weakened as a result. At the same time, the infrastructures and sociocultural makeup of different countries do mean that some specialised child helplines, operating alongside and in close cooperation with the main, national child helpline may be warranted. Examples would be national missing children hotlines and child helplines for runaways and street children, which can focus their resources and efforts on particular issues.

Child helpline coverage can be categorised into four geographic areas:

• Local: the number is accessible only in one city or area of the country;
• Multi-local: the number is accessible in several cities or areas within the country;
• Regional: the number is accessible in several regions, but not throughout the entire country;
• National: the number is accessible to every child in the country wherever there is access to telecommunications.

Coverage in 2011
On a global level 79% of the 101 member child helplines included in this analysis had national coverage in 2011; 12% had only local coverage; 5% multi-local coverage; and 4% have regional coverage. New child helplines generally first offer local services only and then expand their coverage to national as they get their bearings, and this is reflected in the data: Over the past 10 years, as CHI’s initial member child helplines grew and consolidated, the data collected showed a gradual increase in the number of child helplines moving from local coverage to national coverage. Since 2010, with a new influx of younger member child helplines, the percentage of child helplines with national coverage remained stable while child helplines with only local coverage went up by 4%.

Assessed by region there are no striking deviations from the world average, except for the Americas and Caribbean region which had relatively more child helplines operating on a local level. Assessed by HDI level it seems that in low HDI level countries there are more child helplines with local coverage, which could go hand-in-hand with the higher rate of newer child helplines in those areas.
Child helplines need short, easy-to-remember toll-free numbers so that children are never left alone without a way to call for help. «

Figure 17 - Toll free statuses of child helplines - globally, by regions and by HDI levels
Conclusion chapter 2

Overall, the child helpline movement is growing both in numbers and in strength and national presence in individual countries. The number of children who have access to a child helpline is increasing year by year, and more children in need of protection and vital assistance are being reached.

One of the challenges for child helplines in the coming years, together with relevant stakeholders, partners and regional and national policy makers, will be to increase their overall response capacities to meet the growing demands on child helpline services.

In far too many cases both the child helpline and the callers still have to pay for access to much needed and often life-saving services. Much work still need to be done to raise awareness of the critical need for toll-free numbers for all child helplines.
Similarly, with the data and case studies and reports from the child helplines showing increasing interest from children in the use of online methods of communication, as well as the importance of outreach options for children in marginalised communities, child helplines and their partners in various sectors will continue to focus on innovative communication methods to reach all children in need.

All of these efforts are especially poignant as child helplines are very often a child’s first contact with any kind of child protection entity. Child helplines thus serve as vital gateways into the child protection system for children who would otherwise be invisible and go unheard. For many children, child helplines are their lifeline to accessing support and emergency help.
Chapter 3: Dutch Alliances – Strengthening Child Protection Systems

In 2010 Child Helpline International (CHI) joined two strategic, collaborative alliances based in the Netherlands which aim to strengthen child protection and children’s rights in 15 target countries in various regions of the world. The two alliances are:

• **CHILD RIGHTS ALLIANCE (GIRL POWER PROGRAMME)**
  A consortium of six organisations - Plan International Netherlands and CHI, with Defence for Children International/ ECPAT, Free Press Unlimited, International Child Development Initiatives (ICDI) and Women Win - working together for the improvement of child protection and child rights, and focused on the enhancement of empowerment and opportunities for girls and young women.


• **CONN@CT.NOW ALLIANCE**
  An alliance of War Child Holland (WCH) with CHI, and Free Press Unlimited, T-Mobile and research institute TNO - which aims to reach, support and enable the social activation of children and young people in fragile states to exercise and claim their rights through the use of innovative communications and information technologies.

  Conn@ct.Now (2011-2015) works in five programme countries: Burundi, Colombia, South Sudan, Sudan and Uganda.

In this chapter, CHI will highlight the information received from existing child helplines in the target countries Bangladesh, Colombia, Nepal, Pakistan and Uganda. In the other countries no child helpline exists or the child helpline was not yet able to provide data on contacts received⁵.

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⁵ CHI has member child helplines in 10 out of the 15 Dutch alliance countries, with efforts underway to establish a child helpline in the remaining five: Bolivia, Burundi, Ghana, Liberia and South Sudan. In addition, not all the existing child helplines were able to submit data yet.
Bangladesh
A low Human Development Index (HDI) level nation\(^5\), Bangladesh has widespread poverty and frequent natural disasters such as typhoons, cyclones and monsoon rains. Over one-third of Bangladesh’s population is under the age of 18.

In 2011 CHI’s member child helpline, Aparajeyo, received 2,156 telephone calls. For those calls for which the gender of the child was known, one-third came from girls and two-thirds from boys. This is contrary to both the global data and the general trend for the Asia Pacific region in which slightly more girls contacted child helplines. Notably, over half of all contacts received by the Bangladeshi child helpline were from adults calling on behalf of children (compared to only 3% worldwide and 4% for Asia Pacific as a whole).

The majority of calls to the child helpline in Bangladesh were requests for information. The second most common reason for contact was homelessness/runaways/basic needs. Within this category, 80% of contacts with known reasons were about missing children. Physical health, psychosocial and mental health issues and HIV/AIDS were the next most common general reasons for contact in Bangladesh (Figure 18). Access to health care made up nearly 60% of contacts about physical health. Loneliness, lack of confidence and fear and anxiety were the most common psychosocial and mental health issues about which the child helpline was contacted.

**Figure 18 - Reasons for contact - Bangladesh**

```
<table>
<thead>
<tr>
<th>Reason</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Violence</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Commercial Exploitation</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>HIV/AIDS Infected/Affected Children</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Homelessness/Runaways/Basic Needs</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Information Requested</td>
<td>29%</td>
<td>70%</td>
</tr>
<tr>
<td>Legal Matters</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Psychosocial, Mental Health</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>School Related</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Sexuality and Sexual Awareness</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Substance Use and Abuse</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>
```

\(^*\) There were no contacts recorded under the ‘unknown gender’ category in Bangladesh.

\(^5\) Bangladesh is ranked 147\(^{th}\) on the 2011 Human Development Index (HDI) and is considered a low HDI level country. Low HDI level countries range from 142\(^{th}\) to 187\(^{th}\) on the list. See http://hdr.undp.org/en/statistics/ for the full lists.
Colombia

Contrary to the rest of the countries explored in this chapter, Colombia has a high HDI level ranking. Nevertheless, Colombia has been no stranger to conflict, suffering from decades long internal conflicts between state, insurgent and paramilitary forces which have taken their toll on the population, including children and young people growing up with the violence directly and indirectly.

CHI’s member child helpline in Colombia, Corpolatin, received 118,842 telephone calls from children and young people seeking information, help and protection. In just under half of these cases the gender of the caller could not be identified, but in cases where gender was known 70% of the callers were girls and 30% were boys. This is in line with the general trend for the Americas and Caribbean as a whole (69% girls, 31% boys). Nearly half of the calls came from young people over the age of 25 and approximately one-third from children between the ages of 10 and 15. In both cases, just over 70% of the cases for which the caller’s gender was known came from girls and nearly 30% from boys. Both the gender splits and the high number of older callers go hand in hand with overall trends across the Americas and the Caribbean.

The most common reason for contact with the child helpline in Colombia was for seeking information about the services of the child helpline. Abuse and violence ranked as the second most common reason for contact (figure 19). Corpolatin fielded 2,748 calls on abuse and violence in 2011, followed by 1,782 calls related to psychosocial and mental health.

Figure 19 - Reasons for contact - Colombia

<table>
<thead>
<tr>
<th>Category</th>
<th>GIRL</th>
<th>BOY</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Violence</td>
<td>9%</td>
<td>13%</td>
<td>30%</td>
</tr>
<tr>
<td>Commercial Exploitation</td>
<td>0%</td>
<td>0%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>16%</td>
<td>18%</td>
<td>1%</td>
</tr>
<tr>
<td>HIV/AIDS Infected/Affected Children</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Homelessness/Runaways/Basic Needs</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Information Requested</td>
<td>33%</td>
<td>20%</td>
<td>53%</td>
</tr>
<tr>
<td>Legal Matters</td>
<td>1%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>7%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Psychosocial, Mental Health</td>
<td>23%</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>School Related</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Sexuality and Sexual Awareness</td>
<td>6%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Substance Use and Abuse</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

TOTAL 19% 1% 0% 9% 4% <1% 42% 1% 3% 12% 2% 3% 3% 100%
issues. Within the category of abuse and violence, 45% of the contacts for which the reason was known dealt with physical abuse and 31% with neglect. These proportions are quite high compared to the percentages for the Americas and Caribbean region overall: 21% of abuse and violence contacts in the region were about physical abuse and 23% about neglect.

As in other high HDI countries, family relationships is a common reason for contacting the child helpline in Colombia. In Colombia 1,362 contacts were about various problems within families, and especially maintenance and child support issues (figure 20).

Figure 20  Family Relationships - Colombia

<table>
<thead>
<tr>
<th>Problem Category</th>
<th>Total</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Custody and Access</td>
<td>18%</td>
<td>13%</td>
<td>25%</td>
</tr>
<tr>
<td>Divorced/Separated Parents/Parents in Conflict</td>
<td>27%</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Maintenance and Child Support</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Parents with Addiction and/or Mental Health Problems</td>
<td>33%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Sibling Relationship</td>
<td>26%</td>
<td>26%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Nepal
Emerging from a decade long violent internal conflict and entrenched in widespread poverty, Nepal ranked 158th on the 2011 Human Development Index. This places it in the low-ranking range of the Index. The protracted conflict and ongoing poverty has an impact on the socio-economic conditions of the country, with children also severely affected.

Child Helpline Nepal, run by CWIN Nepal, is accessible from the entire country. In 2011, the child helpline received 115,054 telephone contacts and 83,881 contacts via its outreach initiatives. The number of contacts made by girls was approximately 10 per cent more than the boys. About one third of contacts (68,670) were made by adults on behalf of children and about one fifth of contacts (41,316) by children on behalf of other children. The majority of the contacts were about children between the ages of 13-15, followed by children aged 10-12 and 16-17.

The number of contacts made by children residing in shelters and those classified as street children – 7,418 – is alarmingly high. They constituted 6.5% of all contacts to the Nepalese child helpline, compared to less than 1% for the Asia Pacific region as a whole, and less than half a percent globally.

In Nepal, contrary to most other countries in the region and around the world, requests for information was only the fourth most common reason for contacting the child helpline. The most common reason for contact was abuse and violence, followed by school related matters and commercial exploitation (figure 21).

Figure 21- Reasons for contact - Nepal

<table>
<thead>
<tr>
<th>Reason</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Violence</td>
<td>19%</td>
</tr>
<tr>
<td>Commercial Exploitation</td>
<td>11%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>3%</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>7%</td>
</tr>
<tr>
<td>HIV/AIDS Infected/Affected Children</td>
<td>3%</td>
</tr>
<tr>
<td>Homelessness/Runaways/Basic Needs</td>
<td>8%</td>
</tr>
<tr>
<td>Information Requested</td>
<td>10%</td>
</tr>
<tr>
<td>Legal Matters</td>
<td>5%</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3%</td>
</tr>
<tr>
<td>Psychosocial, Mental Health</td>
<td>4%</td>
</tr>
<tr>
<td>School Related</td>
<td>14%</td>
</tr>
<tr>
<td>Sexuality and Sexual Awareness</td>
<td>4%</td>
</tr>
<tr>
<td>Substance Use and Abuse</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>
The most striking reason for contact with the child helpline was commercial exploitation of children and young people. This category constituted 11% of all contacts with known reasons in Nepal, compared to only 3% in the region as a whole and 1% worldwide. Domestic child labour and child trafficking were the most common types of commercial exploitation about which the child helpline was contacted in 2011 (figure 22).
Pakistan

The child helpline in Pakistan is run by Madadgaar. It can be reached from several cities in the country and is expanding its reach to multiple provinces with the support of the Child Rights Alliance. The country has a low HDI level (146th on the 2011 Index). Pakistan is a fragile state in which tribal tensions and political instabilities severely impact the situation of children and their rights.

The five most common reasons for contact in Pakistan were abuse and violence, family matters, legal assistance, homelessness/runaways/basic needs and commercial exploitation (figure 23). For those five categories, for contacts made via telephone, two-thirds concerned girls and one-third boys; for walk-ins and other forms of in-person contact, the proportion of girls is even higher, with 83% involving girls versus just 17% boys. The plurality of contacts in these five categories for which the age of the individual was known concerned young people over the age of 18.

Of the 3,960 contacts on abuse and violence, most were about domestic violence, followed by sexual abuse and physical abuse (figure 24). Over 80% of contacts on domestic violence and nearly 90% of contacts on sexual and physical abuse concerned girls.

Legal support emerged as the second most common reason for contact with 1,640 contacts made on this issue. This is not surprising as legal services are Madadgaar’s speciality.

Of the 1,602 contacts on family relationships, just over 60% were about divorce/separated parents/parents in conflict, followed by 26% on child custody and access. All of the contacts about family relationships were made by girls.

---

Figure 23 - Reasons for contact - Pakistan*

<table>
<thead>
<tr>
<th>Reason for Contact</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and violence</td>
<td>44%</td>
</tr>
<tr>
<td>Commercial exploitation</td>
<td>9%</td>
</tr>
<tr>
<td>Family relationships</td>
<td>18%</td>
</tr>
<tr>
<td>Homelessness/runaways/basic needs</td>
<td>11%</td>
</tr>
<tr>
<td>Legal matters</td>
<td>18%</td>
</tr>
</tbody>
</table>

* This table only shows the five most common categories about which the child helpline in Pakistan was contacted in 2011

Figure 24 - Abuse and violence - Pakistan

- **Domestic Violence**: 32% (Girl), 38% (Boy)
- **Neglect**: 30% (Girl), 0% (Boy)
- **Physical Abuse**: 19% (Girl), 1% (Boy)
- **Sexual Abuse**: 0% (Girl), 0% (Boy)
- **Witness to Violence**: 43% (Girl), 29% (Boy)
- **Total**: 39% (Girl), 2% (Boy)
Uganda

Ranked amongst one of the poorest countries in the world, this East African nation was 162nd on the Human Development Index of 2011. According to the World Bank, in 2010 nearly 38% of the population was living on less than $1.25 a day. Uganda emerged about ten years ago from a civil war that played mostly in the Northern parts of the countries. As a result, the country still has poor physical and technological infrastructures and weak child protection services.

In these difficult circumstances, the child helpline uses methods other than telephone to reach children in need of assistance. Not surprisingly, the number of contacts through outreach activities were quadruple the number of contacts made by telephone in 2011 in Uganda (4,050 outreach contacts, 490 walk-in and in-person contacts and 925 telephone contacts).

In the majority of cases the age and gender of the individuals contacting the child helpline were not known, although for those cases in which it was known the gender split varied by reason for contact, as outlined in the next paragraph:

The most common reason for contact to the child helpline was homelessness/runaways/basic needs, followed contacts about HIV/AIDS and about abuse and violence (figure 25). For homelessness/runaways/basic needs the ratio of boys to girls was equal. For contacts about HIV/AIDS more girls contacted the child helpline (65% girls versus 35% boys), while abuse and violence was more commonly reported by boys (42% girls versus 58% boys).

The Ugandan child helpline did not report on the specific types of reasons for contact within each main category.

Figure 25 - Reasons for contact - Uganda

<table>
<thead>
<tr>
<th>Reason for Contact</th>
<th>% Girl</th>
<th>% Boy</th>
<th>% Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and Violence</td>
<td>15%</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>Commercial Exploitation</td>
<td>1%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>6%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>HIV/AIDS Infected/Affected Children</td>
<td>9%</td>
<td>27%</td>
<td>17%</td>
</tr>
<tr>
<td>Homelessness/Runaways/Basic Needs</td>
<td>11%</td>
<td>34%</td>
<td>11%</td>
</tr>
<tr>
<td>Information Requested</td>
<td>7%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Legal Matters</td>
<td>10%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>9%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>7%</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>Psychosocial, Mental Health</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>School related</td>
<td>16%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Sexuality and Sexual Awareness</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Conclusion chapter 3

The child helpline data in this chapter highlights the various issues each of these five target countries faces, while highlighting the overarching problem of gaps in their child protection systems which they all have in common.

CHI’s participation in the Dutch alliances, and especially the scaling up and strengthening the child helplines in these target countries to further be able to respond to children and young people in crisis, will be instrumental in strengthening the child protection systems in all participating countries, and in addressing these gaps.
Together with its alliance partners, CHI will continue to monitor progress in the target countries both through the data presented here and joint baseline studies to monitor and evaluate the programmes as a whole. CHI hopes to also apply the valuable lessons learned from its experiences with these two alliances to the global child helpline network as a whole.
The primary aim of this portion of the CHI Glossary is to streamline basic concepts used by child helplines around the world as they complete CHI’s annual data proforma. It also provides a platform for common understanding and use of terminology amongst child helplines. This will assist child helplines in filling out/completing the proforma, making data comparable across regions.
A. POCKETBOOK OF CHILD HELPLINE TERMS

This section is meant to define words used in the data questionnaire in general. It is arranged by alphabetical order.

**BUDGET**: A detailed breakdown of the helpline’s total costs that can be used to estimate how much funding is needed to run the helpline the following year. Includes breaking up the cost for each type of activity.

**Child**: All human beings under the age of 18, unless the relevant national laws recognise an earlier age of majority. (Article 1, Convention on the Rights of the Child.)

**Child Helpline**: Telecommunication services (includes the web) for/on behalf of children providing direct services intervention including, but not limited to: counselling, referral and active listening.

**Child Participation**: Encouraging and enabling children to make their views known on issues that affect them, and structuring services around their suggestions. Strategies that promote children’s participation in the planning, implementation and monitoring of the child helpline are essential.

**Child Protection**: The legally-mandated obligation of the state to enact and enforce laws which protect children from violence, exploitation, abuse and neglect.

**Child Protection System (CPS)**: Entities enabling a protective environment include government agencies (national and local governments from the Ministries of Social Welfare, Education, Health, Justice, Planning and Telecommunications), children and youth representatives, Parliament, magistrates, media, national and international NGOs, communities, multilateral and bilateral agencies, human rights activists and private sector.

**CONFIDENTIALITY**: A system which ensures that the user’s privacy and identifying information will be maintained.

**CONTACTS**: All types of communication made to a child helpline. This refers to all forms of communication including those made via telephone, online, SMS, post/mail and face-to-face contact. It includes test calls, but does not include group work with young people.

**Silent call**: Phone call where the caller remains silent for the whole duration of the phone call.

**Test call**: Phone call where the caller will contact the helpline several times to ensure that the helpline can be trusted. If reassured, the caller will progressively expose the reason for contact.

**CONTINUUM OF CONTACTS**: Range in which calls are received and recorded for the helpline’s record-keeping purposes.

**Telephone-based**: A helpline where children and/or adults may obtain service via the telephone.

**SMS/Text**: A helpline service where children and/or adults may send their questions to the helpline via SMS/text messaging, and receive a response in the same manner.

**Fax**: A helpline service that allows children to send questions to the helpline via fax.

**Web-based**: A helpline service that provides a web space where children and/or adults can obtain information and assistance about the helpline and other relevant services.

**E-mail**: A helpline service that allows children to send questions to the helpline via email.

**Web-post/Bulletin Board**: A helpline service that allows children and/or adults to post their questions and concerns on the website, and where a helpline representative answers the posters’ question on site, which allows all visitors to read.

**Chat**: A helpline website service where children can talk to other children and/or helpline counsellors in real time about their concerns.

**Library**: A web-based space where children can obtain information on child-related issues and concerns.

**Social media**: Interactive web-based and mobile technologies (such as facebook, twitter) used to turn online and mobile communication into interactive dialogue.

**IN-PERSON**: All contacts where there is face-to-face communication.

**Outreach-Based Contact**: A counselling method based on going to a child’s location and providing counselling.

**Walk-In/In-Person Contact**: A child helpline service where clients can meet with a helpline representative at the child helpline.
The United Nations Convention on the Rights of the Child (CRC) is an international convention setting out the civil, political, economic, social and cultural human rights of persons up to the age of 18 years. In 41 substantive articles, it establishes in international law that States Parties must ensure that all children – without discrimination in any form – benefit from special protection measures and assistance; have access to services such as education and health care; can develop their personalities, abilities and talents to the fullest potential; grow up in an environment of happiness, love and understanding; and are informed about and participate in, achieving their rights in an accessible and active manner.

**CONVENTION ON THE RIGHTS OF THE CHILD (CRC)**

The United Nations Convention on the Rights of the Child, often referred to as CRC or UNCRC, is an international convention setting out the civil, political, economic, social and cultural human rights of persons up to the age of 18 years. In 41 substantive articles, it establishes in international law that States Parties must ensure that all children – without discrimination in any form – benefit from special protection measures and assistance; have access to services such as education and health care; can develop their personalities, abilities and talents to the fullest potential; grow up in an environment of happiness, love and understanding; and are informed about and participate in, achieving their rights in an accessible and active manner.

**COST OF CHILD HELPLINES:**

The total amount of money needed to run the helpline. (See budget)

- **Fundraising:** The amount of money/resources spent and/or used by the helpline to raise money (mailings; publication materials; gala events; etc.)
- **Outreach:** The amount of money/resources spent and/or used by the helpline to raise awareness about the helpline in the targeted community, for donors or amongst the general public.
- **Advocacy:** The amount of money/resources spent and/or used by the helpline for advocacy purposes.
- **Helpline:** The amount of money/resources spent and/or used by the helpline to operate the helpline itself.
- **Administration:** The amount of money/resources spent and/or used by the helpline to cover the administrative costs of the helpline (accountants; postage; day to day costs)
- **Intervention:** The amount of money/resources spent and/or used by the helpline to provide services to the child concerned.
- **Referral:** The amount of money/resources spent and/or used by the helpline to refer the contact with the appropriate services.
- **Other:** Any other budget item not included in the list above.

**COVERAGE:** The geographical range where service is available. For example, (local, regional and national)

- **Local:** The number is accessible only in one area of the country.
- **Multi-local:** The number is accessible in several areas within country.
- **Regional:** The number is accessible to a child in two or more areas/regions, but not the entire country, even though there is access to telecommunications.
- **National:** The number is accessible to every child in the country where there is access to telecommunications.

**ESTABLISHMENT YEAR:**

The year the helpline opened and began serving the public.

**FUNDING INFORMATION:**

The source(s) from which the helpline obtains donations to continue its services

- **Individuals:** To receive a grant for the continuity of helpline services from private individuals.
- **Self:** Monies raised by a helpline itself.
- **Government:** To receive a grant for the continuity of helpline services from local, national or regional government or government-supported agencies and/or office.
- **Corporate:** A donation of money or in-kind services from a corporation or business.
- **Donor Organisations:** Usually private organisations. To receive a grant for the continuity of helpline services from institutions that make grants for scientific, educational, cultural, religious, or other charitable purposes.
- **Bilateral Organisations:** To receive a grant for the continuity of helpline services from national development cooperation organisations. Can also be government to government.
- **Multilateral Organisations:** To receive a grant for the continuity of helpline services from development banks which operate as lending agencies (e.g., African Development Bank; Asian Development Bank; Inter-American Development Bank; International Monetary Fund). Can also be government to government.

**ISSUES TAKING PLACE IN SPORTS / RECREATION FORUM:**

Any type of negative or abusive behaviour against a child participating in a sports or recreational activity. It can take place as part of organised sports or at a recreational/park facility. These actions can have a harmful affect on the targeted/receiver child, where sports and recreation can and should be preventative by developing life skills, and building resiliency in children recovering from post-trauma.

**MARGINALISED CHILD:** A child that is excluded from the benefits or entitlements of the majority group or society because of his or her membership in a particular group (such as ethnic, racial, social, economic and/or religious group).

**OUTREACH:** Helpline’s way of taking the message out to the community. The methods an organisation uses or undertakes to make its services known to the community and/or when an organisation brings its services directly to people at home or to where they spend time. This can be done through telephone communication services, directly in the community; in the classroom, etc.

**PROFILE OF THE CONTACT:**

A description of the individual contacting the helpline.
CHILD:
School Children: Children who attend school.
Street Children/Runaways: Children living on the streets because of parental absence; abandonment; neglect or lack of resources; children who voluntarily left home regardless of whether or not they lived in an abusive environment.
Child Labourer/Worker: A child who works for low pay; can easily fall victim to physical, emotional or sexual abuse and usually does not attend school.
Child Unknown: The status of the child is unknown.

ADULT:
Caregivers: The adult responsible for the well-being of a child, such as a guardian, foster parent or institutional authority.
Concerned Adults: An adult, usually but not necessarily, unrelated to the child concerned, who has observed witnessed suspicious or abusive behaviour directed at a child (i.e., neighbour, passerby; teacher; etc.). This includes relatives of the child.
Parents: The legally-recognised parents of the child.
Adult Unknown: The relationship of the adult with the child is unknown.

RESIDENCE (WITH WHOM WAS THE CONCERNED CHILD STAYING AT THE TIME OF CONTACT):
The living situation of the concerned child when contact was made to the helpline.
Family: The child’s family (either mother and/or father).
Relatives: A child who lives with an adult relative, other than his parent (aunts; uncles; grandparents; adult siblings; cousins; etc.)
Child-Headed Household: A child who lives in a household headed by him or herself or by another child.
Living Alone: A child who lives alone (i.e., empty house; squatter; etc.).
Living with Friends: A child who lives with family or friends.
Street: A child who lives on the street.
Shelter: A child who lives in a temporary housing provided by a helpline or another institution.

SERVICES:
Counselling: Professional advice or guidance the child helpline provides to children or others that contact them concerning a social or personal issue. There are various types of counselling ranging from social work and support to psychological therapies.
Legal advice: A legal opinion or assistance provided by a lawyer or other law professionals or knowledgeable person working for child helpline or requested to do so by a child helpline concerning a specific issue to a child or family member.
Intervention: Action or attempt of action of the child helpline aimed to directly and immediately alleviate or to compel the situation of child in a grave or emergency situation.
Shelter: Temporary housing provided by the helpline or other institution to support a difficult situation or protect from danger.

EDUCATION:
Education: Helpline efforts and initiatives to provide educational support to ensure develop and maintain children’s right for education. The support can range from advocacy to various educational activities.

SOCIAL WELFARE INSTITUTIONS:
Institutions committed to the welfare, protection and rehabilitation of the most deprived sections of the society. Such institutions ensure the safety and care of the destitute, elderly, widows, physically and mentally differently-abled people, children and other vulnerable people.

STAFF STRUCTURE:
Full-time: Team members, staff or employees that are considered full-time workers according to the labour regulations of the country.
Part-time: Team members, staff or employees that are considered part-time workers according to the labour regulations of the country.
Volunteers:
Paid: Volunteers who are paid a small amount of money for work performed at the helpline.
Unpaid: Volunteers who are not paid any amount but may be reimbursed for expenses such as travel, etc.

TARGETED AT:
The child helpline’s method of reaching its target group.
Urban: The main users of the child helpline are from urban areas.
Rural: The main users of the child helpline are from rural areas.

ARCHIVE OF HELPLINE TERMS:
Language-Based: The child helpline’s primary services are in a particular language.
General: The child helpline’s services are targeted at the general public, and usually in the official language of the country where the child helpline is located.

TELEPHONE CONTACTS PER HELPLINE:
Attempted: The number of times the helpline’s phone number has been dialled, including calls that did not manage to get through to the helpline.
Answered: All calls answered by the helpline, excluding calls answered by a telephone answering machine. This includes calls where the helpline provides the child with assistance or active listening; for example, silent, abusive, test and other calls.
Responded To: Level of engagement sufficient to gather information about the child. All answered calls where the helpline is able to provide assistance and/or categorise calls according to the Chi proforma.
Total Number of Calls Received Since Inception: The number of calls the helpline has received since the year it started operating.

TOLL-FREE: No charge to the caller.
For the Child, but not for the helpline (Helpline Pays): The caller does not pay, and the helpline pays costs for call (i.e., registration, access fee, etc).
For the Child, and for the helpline: Neither the caller nor the helpline pays. Instead, a telecom, the government or some type of sponsorship agrees to pay for the cost of the call.
Not toll-free (Child Pays): The caller pays for the call.

WHO RESPONDS TO CONTACT:
All contacts answered and responded to by trained helpline workers.
Children (Under 18): Contacts answered by trained helpline workers under the age of 18.
Adults: All contacts answered by trained helpline workers who are over the age of 25.
B. CHI RECOMMENDED TERMS OF INTERVENTION

ABUSE AND VIOLENCE

Abuse: All forms of harm directed toward a child by an adult or another child with more power and/or authority. While there are many forms of abuse, including negligence and commercial exploitation, there are three main types: physical, emotional and sexual. Child abuse may take place in many settings: home, school, institutional... etc

Bullying: A form of abuse, bullying usually involves a child being repeatedly picked on, ridiculed and intimidated by another child, other children or adults. Bullying may involve physical and psychological violence.

Cyber bullying: A form of abuse that occurs through the means of internet and social media. Cyber bullying usually involves a child being repeatedly picked on, ridiculed and intimidated by another, other children or adults. Cyber bullying includes (sexually tinted) exposure on the internet and may involve psychological violence.

Domestic Violence: The physical, emotional and/or verbal abuse of a partner.

Emotional Abuse: One of the three main forms of abuse (physical, emotional, and sexual), emotional abuse is the pervasive lack of display of love and affection toward a child by an adult entrusted with his care and development, or by another child in a position of authority. This includes constant belittlement, blaming, criticizing, as well as intentionally failing to display emotion to a child, such as not smiling at a child or simply not acknowledging a child’s existence by not looking at him or exclusively engaging a child in a closed and confining emotional relationship.

Neglect: The failure of a parental figure, whether intentional or not, to provide a child with the basic needs required for the child’s development. Basic needs include food, shelter, clothing, love, affection and appropriate discipline. See “Basic Needs.”

Physical Abuse: One of the three main forms of abuse (physical, emotional, and sexual), physical abuse is the exertion of physical force against a child with the intention of hurting or injuring the victim. Physical abuse can occur within the home, in public institutions (schools, police custody) and in public.

Sexual Abuse: One of the three main forms of abuse (physical, emotional, and sexual), there are several forms of sexual abuse. This includes sexual penetration, which consists of sexual intercourse with a child; the intentional exposure of a child to sexual activity, such as showing and/or taking sexually explicit or implicit pictures of the child telling jokes or stories of a sexual nature; tickling in erogenous zones and demanding to be tickled in return. Pressure is usually exerted by an adult or another child in a position of authority (fuller definition of last sentence). This includes rape and incest. Commerical Sexual Exploitation is also Sexual Abuse for CHI purposes; see Exploitation section, “Commercial Sexual Exploitation.”

Violence: The intentional use of power to control a child through obvious and not so obvious ways, including any action or word intended to hurt another person, whether through intimidation, verbal acts or bodily threats. Many helplines use violence interchangeably with all forms of abuse.

Witness to Violence: A child who sees or has seen acts of aggression or hostility committed either in public or at home.

COMMERCIAL EXPLOITATION

Bonded Child Labour: Parents forced to take a loan to feed their family or to meet their basic needs. When the loan is made, their child is forced to work as a way to repay the debt. See “Worst Forms of Child Labour.”

Child Prostitution/Child Sexual Exploitation: Child prostitution consists of a child performing a sexual act in exchange for something of value (money, shelter, objects, etc). Child prostitutes are often the victims of trafficking, impoverished situations or undocumented immigration. This includes pornography.

Child Trafficking: The recruitment and/or transport of a child by adults with the intent of exploiting the child through various means (prostitution, begging, child labour, etc.).

Children In Armed Conflict: Children who engage in local or national wars, conflicts, battles, etc., regardless of the capacity in which the child acts (soldier, messenger, cook, etc.)

Children Used for Begging: Children used by adults or other children to ask for money from passersby.

Children Used for Criminal Activity: Children used for the purpose of committing criminal acts under the custody of an adult(s) and/or other children.

Domestic Child Labour: Describes the labour situations in which children, usually girls, are hired or used to perform domestic duties in a household that is generally not headed by family members. Children usually work long hours for low or no pay.

Hidnapping: The illegal apprehension and movement of a child from one place to another against the child and parents’ will.

Other Child Labour: Children younger than their country’s legal working-age requirement who work in exchange for money to fulfil or to contribute to their family’s basic needs. This does not include domestic chores in the home or children working in compliance with national legal working requirements.

HOMELESSNESS/RUNAWAYS/ BASIC NEEDS

Abandoned Child: A child that has been untended and uncared for by his guardian or parents.

Children Calling for Food: Children who call the helpline asking for food.

Death of Child on Street: The death or likely death of another child, whether a sibling, friend or street acquaintance. A child may call to share his concern, sadness and/or confusion about the death of another child.

Employment Opportunities: The availability of jobs that provide payment in exchange for services. Children or adults may call the helpline looking for information on how or where to find a job. Children may also not be aware of the illegality of some employment.

Homelessness: The state of being without a home; includes a child who is kicked out of the house. CHI recognises that the definition varies from country to country and depends on each country’s level of wealth.

Missing Children: Children whose whereabouts are unknown to their family, guardians and/or community.

Orphaned: A child whose parent(s) or caretakers have died. Orphaned children may call the helpline on their own behalf or on behalf of other children seeking information on adoption; institutional care; or alternative care.

Repatriation: The return of child to his or her home or legal guardian.

Resources and Financial Aid: Money or objects or that assist an individual in fulfilling his or her basic needs. Children may call the helpline seeking information on how and where to get assistance.

Runaways: A child who voluntarily leaves his or her home regardless of whether or not he or she lived in an abusive environment.
Seeking Shelter: The lack of having a permanent home that requires an individual to look for temporary or permanent accommodation.

HIV/AIDS INFECTED/AFFECTED CHILDREN
Bereavement: The emotional devastation people feel when a loved one dies.

Children Living with HIV/AIDS:
Children who have been diagnosed as infected with the AIDS/HIV virus, whether through sexual intercourse, blood transfusion or birth.

Children Orphaned due to HIV/AIDS:
Children whose parent(s) or caretakers have died as a result of the AIDS virus.

Information about AIDS: Resources about HIV/AIDS, including how it is spread and how it can be treated.

Parents (or family) with HIV/AIDS:
Any family member who has been diagnosed with HIV/AIDS.

PEER RELATIONSHIPS
Partner Relationships: Concerns that arise between heterosexual or homosexual couples.

Problems with Friends: Disagreements or confrontations with friends. Children may call feeling upset over the real or imagined possibility of loss of a friendship.

SCHOOL RELATED
Academic Problems: Difficulties children may have with school performance.

Homework: Schoolwork given to children to complete at home.

Other Adult-Related Problems: Difficulties a child may have with adults who are in a position of authority and influence.

Performance Anxiety: The fear that children may have of not being able to perform well in school, either academically or socially.

School Dropouts: Leaving school intentionally without completing the required course load.

Teacher Problems: A child's failure to get along with a teacher, whether real or imagined, which may have a negative effect on the child's performance.

LEGAL MATTERS
Advice and Information: Legal advice in response to given circumstances.

Birth Registration: Legal document that certifies birth.

Child Marriage: The traditional custom of marrying off children, usually young girls, with or without their consent.

Children in Conflict with Law: Actions or decisions that a child may have taken, or that another person or child with more authority made for the child, that may have legal consequences.

Children in Need of Legal Representation: Children involved with the legal system and who may be in need of legal advice, representation or guidance.

Child Witness: A child who testifies in a legal proceeding, whether under oath or not.

Law in Conflict with Children's Rights:
Laws, however well-meaning they may be, that may have a negative effect on a child's life. For example, laws that strictly observe the custody of natural parents without taking into consideration the best interests of the child.

CHILD SUBSTANCE USE AND ABUSE
Addiction: The body's inability to function without using drugs. Overcoming an addiction often requires treatment.

Information on Substances and Misuse: When a child calls the helpline asking for information which describe the effects of drugs, how to stop using drugs, and where to seek help.

Differently-abled Children: Children with a physical, motor or intellectual impairment.

SEXUALITY
Contraception: Methods used to prevent pregnancy. Includes emergency contraception.

Information about Sexuality/Facts of life: The availability of resources dealing with information on all aspects of sexuality, such as information on sexual orientation, sexual intercourse, contraceptives, pregnancy and sexually transmitted diseases.

Masturbation: The act of stimulating one's sexual organs for pleasure.

Pregnancy: The physical state of a baby growing inside a woman's body. Children may call requesting information on pregnancy prevention, wanting information on prenatal care, or seeking options for an unwanted pregnancy.

Sexual Fantasy: Any daydreams or conscious desires of a sexual nature that a child may have.

Sexual Identity: The sex/gender or group a child identifies with and/or the sex(es) to which he is attracted. Children may call feeling confused about their identity.

Sexually Transmitted Infections/ Sexually Transmitted Diseases STI's/STD's: Infections that are spread through sexual contact.

FAMILY RELATIONSHIPS
Adoption: A legal act consisting of one or two adults taking a non-biological child as their own, and agreeing to raise the child as their biological child, with all of the rights, responsibilities and requirements therein. Includes situations in which children live with non-biological families in culturally accepted arrangements (i.e., kaffala, guardianships, etc.).

Adoption Issues: Problems or concerns that may arise during and after the adoption of a child, including the trafficking and exploitation of children. Includes situations in which children live with non-biological families in culturally accepted arrangements (i.e., kaffala, guardianships, etc.).

Child Custody and Access:
A legal decision that determines the living arrangement(s) of a child, usually after the parents decide to separate or divorce. There is no one model; instead, custody should be determined according to the best interests of the child. Custody is always granted to an adult, and may include arrangements between divorced, separated or unmarried parents, as well as by relatives or family friends.

Divorced Parents/Separated parents/Parents in Conflict:
A situation in which a child's parents are not a couple, either as a result of the legal dissolution of their marriage, through their voluntary decision not to live together as such, or parents who constantly display animosity towards one another.
Maintenance and Child Support: A parent or guardian’s responsibility to ensure that a child’s basic needs are met.

New family/Blended Family: The relationship between members of two families who come together as one, such as when a child’s parent(s) remarries or moves in with a new partner who may also have his or her own children from a previous relationship.

Parent-child Relationships: The dynamic between a parent and child.

Parents with Addiction and/or Mental Health Issues: Parents who regularly take drugs and are unwilling or unable to stop, and parents who have mental health issues.

Sibling Relationship: The interpersonal relationship amongst brothers and/or sisters.

PSYCHO-SOCIAL MENTAL HEALTH Body/Physical Appearance: The feelings and opinions a child has about the appearance of his or her body.

Boredom: The feeling that there is nothing interesting to do.

Depression: A child’s persistent or temporary state of feeling sad, anxious and/or withdrawn that may be biological or may be in reaction to a life event.

Eating Disorders: A psychological disorder that manifests itself in unhealthy eating habits, such as anorexia nervosa (not eating enough to sustain healthy weight) or bulimia (self-induced vomiting). Most common in adolescent girls, though adults or boys may be afflicted.

Fear and Anxiety: Fear is the state of being afraid of something. Anxiety is the state of feeling an often-irrational amount of fear.

Identity and Purpose of Life: The way a child defines himself. For example, sexually and/or racially, and the way this may influence the treatment others give the child in response to the child’s self-identification, as well as the goals, hopes, ideas and ambitions a child has now and in the future.

Lack of Confidence: The failure of a child to believe in his or her capabilities and talents. A lack of confidence may lead to make poor decisions, withdraw socially, underperform in school, etc.

Loneliness: The state of a child feeling alone in the world and without support.

Phobias and Obsessions: A persistent, abnormal, and irrational fear of a specific thing or situation, despite the awareness and reassurance that it is not dangerous.

Self Harm: The act some children have of physically harming themselves. Usually cutting and burning.

Suicide: The intentional act of killing oneself because life does not seem to have a purpose. Includes the act of dealing with a parent’s suicide.

PHYSICAL HEALTH Access to Health Care: The state of being able to obtain needed assistance for physical well-being.

Concerns about Illness: Questions or issues relating to a child’s physical, psychological, emotional well-being.

Hospitalisation: The state of being admitted to a hospital to be treated or cared for as a result of a sudden, temporary or longstanding medical condition or trauma.

INFORMATION REQUESTED

About the Helpline: Requested Information about helpline services, operations, etc.

About Children’s Issues/About Children’s Rights: Callers who want to discuss or ask about issues affecting children.

Thank you for Assistance: Callers who contact the helpline to express their gratitude for help provided.

DISCRIMINATION

Access to Education: The failure of a public institution to provide access to its known services due to a user’s race, gender, ethnicity, religious, language, sexual orientation or disability.

Employment related: The unfair and/or illegal treatment of an individual at the workplace. Children or adults may call to seek advice on how to enforce their rights or the rights of their parents.

Immigration related: The unfair and/or illegal treatment of an individual based on his immigration status or country of origin. Discrimination may prevent a child from obtaining an education; health care or any other rights that are meant for all individuals. Children or adults may call to seek advice on how to enforce their rights.

Mental and Physical Health: The unfair and/or illegal treatment of a child because of their mental and/or physical illness.

Racism related: The unfair and/or illegal treatment of a child based on his ethnic origin. Discrimination may prevent a child from obtaining an education; health care or any other rights that are meant for all individuals. Children or adults may call to seek advice on how to enforce their rights.
The Global Network of Child Helplines: Membership as of August 2012

Full members* 119 members in 100 countries

Countries with child helplines that fulfil the CHI membership criteria.

- Afghanistan
- Antigua, Barbuda
- Aruba
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
- Bhutan
- Bolivia
- Bulgaria
- Cameroon
- Cambodia
- Cape Verde
- Central African Republic
- Chad
- Comoros
- Congo, Republic of
- Costa Rica
- Côte d’Ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Ecuador
- El Salvador
- Equatorial Guinea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Georgia
- Germany
- Ghana
- Greece (2)
- Guinea
- Guinea-Bissau
- Guinea-Conacry
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea, South (2)
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon (2)
- Lesotho
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Maldives
- Mali
- Malaysia
- Mauritania
- Mauritius
- Mexico (2)
- Mongolia
- Morocco
- Mozambique
- Myanmar (2)
- Namibia
- Nepal
- Netherlands
- New Zealand (3)
- Nigeria
- Niger
- Norway
- Oman
- Pakistan
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pakistan
- Poland (2)
- Portugal
- Qatar
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Swaziland
- Switzerland
- Taiwan, Province of China
- Tajikistan
- Tanzania
- Thailand
- Togo
- Trinidad and Tobago
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- United Arab Emirates
- United Kingdom (4)
- United States of America
- Uruguay
- Uzbekistan
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

Associate members* 62 members in 82 countries

Countries that CHI is working closely with to start child helplines, and that fulfil the CHI associate membership criteria.

- Afghanistan
- Antigua, Barbuda
- Aruba
- Armenia
- Azerbaijan
- Bahrain
- Belarus (2)
- Benin (2)
- Bhutan
- Bolivia
- Bulgaria
- Cameroon
- Costa Rica
- Côte d’Ivoire
- Democratic Republic of Congo
- Ecuador
- El Salvador
- Equatorial Guinea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Georgia
- Germany
- Ghana
- Greece (2)
- Guinea
- Guinea-Conacry
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Korea, South (2)
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon (2)
- Lesotho
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Maldives
- Mali
- Malaysia
- Mauritania
- Mauritius
- Mexico (2)
- Mongolia
- Morocco
- Mozambique
- Myanmar (2)
- Namibia
- Nepal
- Netherlands
- New Zealand (3)
- Nigeria
- Niger
- Norway
- Oman
- Pakistan
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pakistan
- Poland (2)
- Portugal
- Qatar
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- South Africa
- Spain
- Sri Lanka (2)
- St. Martin
- Suriname
- Swaziland
- Switzerland
- Taiwan, Province of China
- Tajikistan
- Tanzania
- Thailand
- Togo
- Trinidad and Tobago
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- United Arab Emirates
- United Kingdom (4)
- United States of America
- Uruguay
- Uzbekistan
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

*For full details of individual members, please visit www.childhelplineinternational.org

Disclaimers
CHI’s work is firmly grounded in the principles and values enshrined in the UN Convention on the Rights of the Child (UN CRC), including children’s right to privacy and protection from harm.

To this end, all identifying details and information about individual children cited in this report have been removed or altered to protect them and ensure their privacy.

Note to editors
This report is based on the analysis of information received from child helplines in the CHI network, through CHI’s general data survey. Conclusions and statements are based on this information only.

The percentages in the cells of tables and graphs in this publication have been rounded to a maximum of two significant figures and do not make use of decimal notation. As a result, the percentages of the individual (sub-)categories do not always add up to one hundred per cent. The exact figures can be found in the annexes to this publication.

CHI would like to thank its partners for their continued support.

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Connecting to Children / 2008 data / September 2009
Connecting to Children / 2009 data / September 2010
Connecting to Children / 2010 data / May 2011
Connecting to Children / 2011 data / October 2012
Child Helpline International (CHI) is the global network of child helplines in 136 countries (as of August 2012), which together receive over 14 million contacts a year from children and young people in need of care and protection. CHI supports the creation and strengthening of national toll-free child helplines worldwide, and uses child helpline data and knowledge to highlight gaps in child protection systems and advocate for the rights of children.